

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000166729

**Entity Name:** 20/22 VENTURES LLC

**Current Principal Place of Business:**

7433 AMBLESIDE DR  
LAND O LAKES, FL 34637

**Current Mailing Address:**

P.O. BOX 932  
BEDFORD, NY 10506

**FEI Number:** 47-5209060

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEWMAN, JANICE  
7433 AMBLESIDE DR  
LAND O LAKES, FL 34637 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name NEWMAN, JANICE  
Address 7433 AMBLESIDE DR  
City-State-Zip: LAND O LAKES FL 34637

Title MGR  
Name NEWMAN, MATTHEW  
Address 7433 AMBLESIDE DR  
City-State-Zip: LAND O LAKES FL 34637

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JANICE NEWMAN

**MANAGER**

**02/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date