

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000102694

**Entity Name:** NEW WORLD ANGELS INVESTORS XVII (ADMIRAL), LLC

**Current Principal Place of Business:**

8130 GLADES RD.  
SUITE 293  
BOCA RATON, FL 33434

**Current Mailing Address:**

1900 GLADES ROAD  
SUITE 500-07  
BOCA RATON, FL 33431 US

**FEI Number:** 81-2797771

**Certificate of Status Desired:** No

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

LUCAS, SARAH  
1900 GLADES ROAD  
SUITE 500-07  
BOCA RATON, FL 33431 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:** SARAH LUCAS

02/13/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           O'HARA, STEPHEN M  
Address        18171 VIA CAPRINI DRIVE  
City-State-Zip: MIROMAR LAKES FL 33913

Title           MANAGER  
Name           COLE, JONATHAN  
Address        1305 PONCE DE LEON DR  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           MANAGER  
Name           SHUCK, ROB  
Address        7991 11TH AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33707

Title           MANAGER  
Name           WILLIAMSON, ROBERT F.  
Address        1951 NW 7TH AVENUE  
City-State-Zip: MIAMI SHORES FL 33138

Title           MANAGER  
Name           DEAN, CHARLES  
Address        P.O. BOX 1373  
City-State-Zip: PALM HARBOR FL 34682

Title           MANAGER  
Name           DRESDEN, SCOTT  
Address        1730 S. FEDERAL HWY.  
                  SUITE 317  
City-State-Zip: DELRAY BEACH FL 33483

Title           MANAGER  
Name           LUCAS, SARAH  
Address        1019 WEST HERITAGE CLUB CIRCLE  
City-State-Zip: DELRAY BEACH FL 33483

*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:** SARAH LUCAS

MANAGER

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date