

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000127124

**Entity Name:** SULLIVAN FAMILY VENTURES, LLC

**Current Principal Place of Business:**

1511 NORTH WEST SHORE BLVD  
750  
TAMPA, FL 33607

**Current Mailing Address:**

1511 NORTH WEST SHORE BLVD  
750  
TAMPA, FL 33607

**FEI Number:** 81-3130968

**Certificate of Status Desired:** No

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

FORNEY, AVA  
1511 NORTH WEST SHORE BLVD  
750  
TAMPA, FL 33607 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	Title	MGR
Name	SULLIVAN, CHRIS	Name	SULLIVAN, ALEX
Address	1511 NORTH WEST SHORE BLVD; SUITE 750	Address	1511 NORTH WEST SHORE BLVD; SUITE 750
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607

*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:** CHRIS T SULLIVAN

**MANAGER**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date