

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000027712

**Entity Name:** 1702 PARTNERS, LLC

**Current Principal Place of Business:**

1702 WEST UNIVERSITY AVENUE  
SUITE F-1  
GAINESVILLE, FL 32603

**Current Mailing Address:**

2535 NE 19TH DRIVE  
GAINESVILLE, FL 32609 US

**FEI Number:** 83-3384376

**Certificate of Status Desired:** No

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

MURPHY, RYAN M  
1702 WEST UNIVERSITY AVENUE  
SUITE F-1  
GAINESVILLE, FL 32603 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 MGRM  
Name MURPHY, RYAN M  
Address 1702 WEST UNIVERSITY AVE, SUITE F-1  
City-State-Zip: GAINESVILLE FL 32603

Title MGRM  
Name CHESTER, JOSHUA D  
Address 1702 WEST UNIVERSITY AVE, SUITE F-1  
City-State-Zip: GAINESVILLE FL 32603

Title MGRM  
Name SANTOS, DENNIS A  
Address 1702 WEST UNIVERSITY AVE, SUITE F-1  
City-State-Zip: GAINESVILLE FL 32603

*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:** RYAN MURPHY

**MGRM**

**04/13/2023**

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

\_\_\_\_\_  
Date