

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000210857

**Entity Name:** FFPN VENTURES LLC

**Current Principal Place of Business:**

1818 W. JETTON AVE.  
TAMPA, FL 33606

**Current Mailing Address:**

1818 W. JETTON AVE.  
TAMPA, FL 33606 US

**FEI Number:** 84-2881697

**Certificate of Status Desired:** No

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

ERICKSON, STEVEN M  
1818 W. JETTON AVE.  
TAMPA, FL 33606 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 AMBR  
Name ERICKSON, STEVEN M  
Address 1818 W. JETTON AVE.  
City-State-Zip: TAMPA FL 33606

Title AMBR  
Name ERICKSON, LAUREN H  
Address 1818 W. JETTON AVE.  
City-State-Zip: TAMPA FL 33606

Title AMBR  
Name HEISE, DAVID R  
Address 936 S HOWARD AVE  
UNIT 313  
City-State-Zip: TAMPA FL 33606

Title AMBR  
Name HEISE, MARY M  
Address 936 S HOWARD AVE  
UNIT 313  
City-State-Zip: TAMPA FL 33606

*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:** DAVID R HEISE

AMBR

01/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date