

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000134740

**Entity Name:** 917 WALNUT RIDGE, LLC

**Current Principal Place of Business:**

4418 W. WATROUS AVENUE  
TAMPA, FL 33629

**Current Mailing Address:**

4418 W. WATROUS AVENUE  
TAMPA, FL 33629 US

**FEI Number:** 89-3000235

**Certificate of Status Desired:** No

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

KITE-POWELL, JULIA  
4418 W. WATROUS AVENUE  
TAMPA, FL 33629 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 KITE-POWELL, RUFUS B III  
Address 4418 W. WATROUS AVENUE  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name KITE-POWELL, JULIA B  
Address 4418 W. WATROUS AVENUE  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name MADSEN, MICHAEL  
Address P.O. BOX 526  
City-State-Zip: WILLIAMSBURG, OH 45176

Title MGR  
Name MADSEN, SUE  
Address P.O. BOX 526  
City-State-Zip: WILLIAMSBURG, OH 45176

*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:** RUFUS KITE-POWELL

**MANAGING MEMBER**

**01/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date