

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000174673

**Entity Name:** 417 SIMONTON LLC

**Current Principal Place of Business:**

800 MARKET STREET, SUITE 604  
CHATTANNOGA, TN 37402

**Current Mailing Address:**

800 MARKET STREET, SUITE 604  
CHATTANNOGA, TN 37402

**FEI Number:** 86-3441946

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	MGR
Name	GAVIN, KIMBERLY K TRUSTEE	Name	GAVIN, KIMBERLY K
Address	800 MARKET STREET, SUITE 604	Address	800 MARKET STREET, SUITE 604
City-State-Zip:	CHATTANNOGA TN 37402	City-State-Zip:	CHATTANNOGA TN 37402

*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:** KIMBERLY K. GAVIN

**MANAGER**

**03/03/2023**

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

\_\_\_\_\_  
Date