

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000286013

**Entity Name:** NEW WORLD ANGELS INNOVATION FUND I, LLC

**Current Principal Place of Business:**

8130 GLADES ROAD  
SUITE 293  
BOCA RATON, FL 33434

**Current Mailing Address:**

1900 GLADES ROAD  
SUITE 500-07  
BOCA RATON, FL 33431 US

**FEI Number:** 93-1848692

**Certificate of Status Desired:** No

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

MILEY, JESSICA  
1900 GLADES ROAD  
SUITE 500-07  
BOCA RATON, FL 33431 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 TARRO, RONALD J  
Address 608 N SWINTON AVE  
City-State-Zip: DELRAY BEACH FL 33444

Title MGR  
Name WILLIAMS, ROBERT  
Address 1235 NE 96TH STREET  
City-State-Zip: MIAMI SHORES FL 33138

Title MGR  
Name WILLIANS, RHYS  
Address 16129 BRISTOL POINTE DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title MGR  
Name GUREN, SAMUEL  
Address 415 L'AMBIANCE DRIVE #702  
City-State-Zip: LONGBOAT KEY FL 34228

Title MGR  
Name ZAVERI, KARAN  
Address 1455 JOHNSON ST  
City-State-Zip: HOLLYWOOD FL 33020

Title MGR  
Name HAIMOUR, MICHEAL  
Address 4550 COLONY VILLAS DRIVE #1802  
City-State-Zip: BONITA SPRINGS FL 34134

Title MGR  
Name MILEY, JESSICA  
Address 1900 GLADES ROAD  
SUITE 500-07  
City-State-Zip: BOCA RATON FL 33431

*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:** JESSICA MILEY

**MANAGING DIRECTYOR**

**03/05/2024**

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

\_\_\_\_\_  
Date