		INESS REPO	PRT (UBR)		
DOCUMENT 1. Entity Name	# L9900	00004836			
7301 VENTURE HO	LDINGS, L.C.		· +		
	, *	,			
Principal Place of Business		Mailing Address			
7301 N.W. 4TH STREET. SUITE 102 PLANTATION FL 33317-2234		7301 N.W. 4TH STREET, SUITE 102 PLANTATION FL 33317-2234			
		•			
2. Principal Place of Business		3. Mailing Address	·		
		641 Seneca	Road		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
		Great Fall	s, VA		
Zip	Country	^{Zip} 22066	Country		

APPRUVEU

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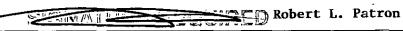
SPORETARY OF STATE TALLAHASSEE, FLORIDA



Principal F	Place of Business	3. Mailing Address			allı Ağlır düri Batıı adı		
			641 Seneca Road				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State	1 ***	4. FEI Number	<i>,,,</i> ¬ 1	<u> </u>	oplied For
		Great Falls, VA		65-075	65-0954171		ot Applicable
Zip	Country	^{Zip} 22066	Country	5. Certificate of Status	Desired	\$5.00 Add Fee Require	
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address	of New Registere	d Agent	
114401444	DAMP F		Name .				
Hannan, David F 7301 N.W. 4th Street, Suite 102		Street Address (P.O. Box Number is Not Acceptable)					
	·		 				
PLANTATI	ON FL 33317-2234	•					
			City		F	L Zip Cod	е
The above	e named entity submits this statement	for the purpose of changing	its registered office o	registered agent, or both, in the S	State of Florida		
. THE above		for the purpose of changing	its registered office of	regional agent, or don', in the c	nato or riorida.		
SIGNATURE .				·			
	Signature, typed or printed name of registered age	nt and title if applicable (N	OTE: Registered Agent signat	ure required when reinstating)	DATE		
		E11 E	NOW!!! FEE IS \$	-E0 00			
		1					
	,	wake Check	Payable to Depart	ment of State			
	MANAGING MEM	IBERS/MEMBERS /	10.	AD	DITIONS/CHANGE	S	
ITLE	MGRM	Deteta	TITLE	MGRM		Change	Addition
AME	HANNAN, DAVID F ESQ.		NAME	Robert Patron		V	
STREET ADDRESS 7301 N.W. 4TH STREET, SUITE 102		STREET ADDRESS	641 Seneca Rôad				
CITY-81-2(P	PLANTATION FL 33317-2234		CITY-\$T-ZIP	Great Falls, VA	22066	<u></u>	
TITLE		☐ Delete	TITLE	-		Change	Addition 🗌
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



2/22/2000

954-581-9388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #