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: MEREDITH ADAMS

Electronic Signature of Signing Authorized Person(s) Detail

ent:	
E	ent:

ADAMS, MEREDITH 9183 THE LANE NAPLES, FL 34109 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	: MEREDITH ADAMS	03/02/2018			
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MANAGER	Title	AM		
Name	ADAMS, MEREDITH L	Name	ADAMS, CHRISTOPHER		
Address	9183 THE LANE	Address	9183 THE LANE		
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109		

## **Current Mailing Address:**

DOCUMENT# L12000037315

Entity Name: PENTAGON VENTURES, LLC

**Current Principal Place of Business:** 

9183 THE LANE NAPLES, FL 34109 US

## FEI Number: 45-4836242

## Na

1141 KEYSTONE DR. APT. F JUPITER, FL 33458

## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

Mar 02, 2018 Secretary of State CC2867403891

FILED

03/02/2018 Date

MANAGER