

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000041251

**Entity Name:** 420 VENTURES LLC

**Current Principal Place of Business:**

2280 AVOCADO AVE  
#4  
MELBOURNE, FL 32935

**FILED**  
**Mar 15, 2022**  
**Secretary of State**  
**3094842195CC**

**Current Mailing Address:**

2280 AVOCADO AVE  
#4  
MELBOURNE, FL 32935

**FEI Number:** 86-1936445

**Certificate of Status Desired:** No

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

KOBEL, KYLE  
2280 AVOCADO AVE  
#4  
MELBOURNE, FL 32935 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  
Name            KOBEL, KYLE  
Address        2280 AVOCADO AVE #4  
City-State-Zip: MELBOURNE FL 32935

Title            AMBR  
Name            FOX-KOBEL, BETH  
Address        2280 AVOCADO AVE #4  
City-State-Zip: MELBOURNE FL 32935

Title            AMBR  
Name            LEKANDER, CHAD  
Address        2145 AVOCADO AVE  
City-State-Zip: MELBOURNE FL 32935

Title            AMBR  
Name            LEKANDER, GIDGET  
Address        2145 AVOCADO AVE  
City-State-Zip: MELBOURNE FL 32935

*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:** KYLE KOBEL

**MEMBER**

**03/15/2022**

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

\_\_\_\_\_  
Date