

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000500403

**Entity Name:** POLYATOMIC VENTURES LLC

**Current Principal Place of Business:**

13809 DANFORTH DR S  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

PO BOX 51468  
JACKSONVILLE, FL 32240 US

**FEI Number: 88-4357035**

**Certificate of Status Desired: Yes**

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

VANNIEKERK, ALBERT P  
13809 DANFORTH DR S  
JACKSONVILLE, FL 32224 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	MGRM	Title	MEM
Name	VANNIEKERK ENTERPRISES, INC.	Name	VANNIEKERK, ALBERT P
Address	13809 DANFORTH DR S	Address	13809 DANFORTH DR S
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224

*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: ALBERT VANNIEKERK**

**PRESIDENT**

**02/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date