

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000342209

**Entity Name:** 5900 SW 17TH ST LLC

**Current Principal Place of Business:**

5900 SW 17TH ST  
PLANTATION, FL 33317

**Current Mailing Address:**

12717 W. SUNRISE BLVD SUITE 206  
SUNRISE, FL 33323 US

**FEI Number:** 93-2474978

**Certificate of Status Desired:** Yes

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

HINDS, ANDRE  
3687 NW 83RD LANE  
SUNRISE, FL 33351 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 HINDS, ANDRE  
Address 3687 NW 83RD LN  
City-State-Zip: SUNRISE FL 33351

Title AMBR  
Name LAW, MARK  
Address 390 UTAH AVE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title AMBR  
Name PARAGON ALLIANCE INNOVATION  
LLC  
Address 2046 TOUCHWOOD CT  
City-State-Zip: APOPKA FL 32712

Title AMBR  
Name CASE, RORY  
Address 12717 W SUNRISE BLVD  
City-State-Zip: SUNRISE FL 33323

*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:** PARAGON ALLIANCE INNOVATION LLC

AMBR

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date