

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005959

**Entity Name:** 5715 GEORGIA AVE., L.L.C.

**Current Principal Place of Business:**

505 SOUTH FLAGLER  
SUITE 1010  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

505 SOUTH FLAGLER  
SUITE 1010  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-1092333

**Certificate of Status Desired:** No

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

JOHNSON, SCOTT A  
505 S FLAGLER DR. STE 1010  
WEST PALM BEACH, FL 33401 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 MGR  
Name JOHNSON, RICHARD SJR.  
Address 505 SOUTH FLAGLER  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name JOHNSON, SCOTT  
Address 505 SOUTH FLAGLER DR. STE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name KOENIG, PATRICK C  
Address 505 SOUTH FLALGER DR STE 1010  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** SCOTT A JOHNSON

**MANAGER**

**03/07/2022**

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

\_\_\_\_\_  
Date