

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030225

Entity Name: CINCO HERMANOS, LLC

Current Principal Place of Business:

C/O DAVID A. WALLACE
1735 ILLEHAW DRIVE
SARASOTA, FL 34239

Current Mailing Address:

C/O DAVID A. WALLACE
1735 ILLEHAW DRIVE
SARASOTA, FL 34239 US

FEI Number: 02-0652293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, DAVID A
C/O DAVID A. WALLACE
1735 ILLEHAW DRIVE
SARASOTA, FL 34239 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 WALLACE, DAVID A
Address C/O DAVID A. WALLACE
1735 ILLEHAW DRIVE
City-State-Zip: SARASOTA FL 34239

Title MGR
Name WALLACE, JAMES P
Address C/O DAVID A. WALLACE
1735 ILLEHAW DRIVE
City-State-Zip: SARASOTA FL 34239

Title MGR
Name WALLACE, JOHN R
Address C/O DAVID A. WALLACE
1735 ILLEHAW DRIVE
City-State-Zip: SARASOTA FL 34239

Title MGR
Name WALLACE, THOMAS R
Address C/O DAVID A. WALLACE
1735 ILLEHAW DRIVE
City-State-Zip: SARASOTA FL 34239

Title MGR
Name WALLACE, PETER R
Address C/O DAVID A. WALLACE
1735 ILLEHAW DRIVE
City-State-Zip: SARASOTA FL 34239

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: DAVID WALLACE

MANAGER

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date