

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000023553

**Entity Name:** 1725 E 5TH AVE, LLC

**Current Principal Place of Business:**

1725 E 5TH AVE  
TAMPA, FL 33605

**Current Mailing Address:**

1725 E 5TH AVE  
TAMPA, FL 33605 US

**FEI Number:** 20-8561222

**Certificate of Status Desired:** No

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

JOHN, DECARO L  
464 SEVERN AVE  
TAMPA, FL 33606 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 MGMR  
Name DECARO, JOHN L  
Address 464 SEVERN AVE  
City-State-Zip: TAMPA FL 33606

Title MGMR  
Name CAMPO, MATHEW D  
Address 3810 W. PALMIRA  
City-State-Zip: TAMPA FL 33629

Title MGRM  
Name VAUGHN, WILLSON  
Address 401 RIVIERA DR  
City-State-Zip: TAMPA FL 33606

Title MGRM  
Name LAUREN, CAMPO  
Address 3810 W. PALMIRA  
City-State-Zip: TAMPA FL 33629

Title MGRM  
Name BONNIE, MERIWETHER L  
Address 18301 30TH STREET  
City-State-Zip: LUTZ FL 33559

*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:** JOHN DECARO

MGMR

02/19/2024

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

\_\_\_\_\_  
Date