

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016301

Entity Name: WASHINGTON STORE #5 LLC**Current Principal Place of Business:**17525 NE 9TH AVE
MIAMI, FL 33162**Current Mailing Address:**17525 NE 9TH AVE
MIAMI, FL 33162 US**FEI Number:** 65-0670707**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOSTCHIN, BURL
17525 NE 9TH AVE
MIAMI, FL 33162 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
Name	GSL HOLDINGS CORPORATION, INC.
Address	17525 NE 9TH AVE
City-State-Zip:	MIAMI FL 33162

Title	AUTHORIZED MEMBER
Name	VIVES, GRACE
Address	17525 NE 9TH AVE
City-State-Zip:	MIAMI FL 33162

Title	MGR
Name	SOSTCHIN, BURL M
Address	17525 NE 9TH AVE
City-State-Zip:	MIAMI FL 33162

Title	AUTHORIZED MEMBER
Name	IDA PERCAL IRREVOCABLE TRUST
Address	17525 NE 9TH AVE
City-State-Zip:	MIAMI FL 33162

Title	AUTHORIZED MEMBER
Name	DANA SOSTCHIN REVOCABLE TRUST
Address	17525 NE 9TH AVE
City-State-Zip:	MIAMI FL 33162

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: BURL SOSTCHIN

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date