

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096209

Entity Name: 111 5TH AVE, LLC**Current Principal Place of Business:**901 ROSSER ROAD
WINDERMERE, FL 34786**Current Mailing Address:**901 ROSSER ROAD
WINDERMERE, FL 34786 US**FEI Number:** 26-3712880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, ROBERT W
901 ROSSER ROAD
WINDERMERE, FL 34786 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 | WILLIAMS, ROBERT W |
| Address | 901 ROSSER ROAD |
| City-State-Zip: | WINDERMERE FL 34786 |

| | |
|-----------------|---------------------|
| Title | DIRECTOR |
| Name | WILLIAMS, LAVINA M |
| Address | 901 ROSSER ROAD |
| City-State-Zip: | WINDERMERE FL 34786 |

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|-----------------|---------------------|
| Title | DIRECTOR |
| Name | WILLIAMS, LOREN R |
| Address | 903 ROSSER ROAD |
| City-State-Zip: | WINDERMERE FL 34786 |

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|-----------------|---------------------|
| Title | DIRECTOR |
| Name | WILLIAMS, COLLEEN C |
| Address | 903 ROSSER ROAD |
| City-State-Zip: | WINDERMERE FL 34786 |

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: ROBERT W WILLIAMS

MGR

02/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date