

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000057452

**Entity Name:** 5SE, LLC

**Current Principal Place of Business:**

1631 ROCK SPRINGS RD.  
SUITE 316  
APOPKA, FL 32712

**Current Mailing Address:**

1631 ROCK SPRINGS RD.  
SUITE 316  
APOPKA, FL 32712

**FEI Number:** 45-2313801

**Certificate of Status Desired:** No

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

SMYNTEK, THERESE  
1631 ROCK SPRINGS RD.  
SUITE 316  
APOPKA, FL 32712 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 SMYNTEK, THERESE  
Address 546 W. KELLY PARK RD.  
City-State-Zip: APOPKA FL 32712

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:** THERESE SMYNTEK

**MANAGING PARTNER**

**01/10/2017**

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

\_\_\_\_\_  
Date