

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000102929

**Entity Name:** DPM FIVE LLC

**Current Principal Place of Business:**

3480 NW 85 CT  
APT 315  
DORAL, FL 33122

**Current Mailing Address:**

3480 NW 85 CT  
APT 315  
DORAL, FL 33122 US

**FEI Number:** 38-3882393

**Certificate of Status Desired:** No

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

LOPEZ, DAISY  
3480 NW 85 CT  
315  
DORAL, FL 33122 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:** DAISY LOPEZ

03/25/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: COHEN, MEIR MANAGER  
Address: 3480 NW 85 CT  
APT 315  
City-State-Zip: DORAL FL 33122

Title: AUTHORIZED REPRESENTATIVE  
Name: LOPEZ, DAISY AUTHORIZED REPRESENTATIVE  
Address: 3480 NW 85 CT  
APT 315  
City-State-Zip: DORAL FL 33122

Title: AUTHORIZED REPRESENTATIVE  
Name: COHEN, DAVID AUTHORIZED REPRESENTATIVE  
Address: 3480 NW 85 CT  
315  
City-State-Zip: DORAL FL 33122

*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:** COHEN MEIR

MANAGER

03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date