

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000102929

**Entity Name:** DPM FIVE LLC

**Current Principal Place of Business:**

3580 NW 85 CT  
APT 255  
DORAL, FL 33122

**Current Mailing Address:**

3580 NW 85 CT  
APT 255  
DORAL, FL 33122 US

**FEI Number:** 38-3882393

**Certificate of Status Desired:** No

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

LOPEZ, DAISY  
3580 NW 85 CT  
255  
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

03/20/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           COHEN, MEIR MANAGER  
Address        3580 NW 85 CT  
                  APT 255  
City-State-Zip: DORAL FL 33122

Title           AUTHORIZED REPRESENTATIVE  
Name           LOPEZ, DAISY AUTHORIZED  
                  REPRESENTATIVE  
Address        3580 NW 85 CT  
                  APT 255  
City-State-Zip: DORAL FL 33122

Title           AUTHORIZED REPRESENTATIVE  
Name           COHEN, DAVID AUTHORIZED  
                  REPRESENTATIVE  
Address        3580 NW 85 CT  
                  255  
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:** MEIR COHEN

**MANAGER**

03/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date