## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000040961
Entity Name: M5 FUND, LLC

**Current Principal Place of Business:** 

12550 BISCAYNE BOULEVARD SUITE 400

NORTH MIAMI, FL 33181

**Current Mailing Address:** 

12550 BISCAYNE BOULEVARD SUITE 400 NORTH MIAMI, FL 33181 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOPELOWITZ, BRIAN 200 SW 1ST AVENUE SUITE 1200 FORT LAUDERDALE, FL 33301 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

FILED Apr 30, 2019

**Secretary of State** 

0390594581CC

Authorized Person(s) Detail:

Title MGRM Title MANAGER
Name MME CAPITAL MANAGEMENT, LLC Name FOLEY, LISA

Address 12550 BISCAYNE BLVD Address 212 CAPTAIN EAMES CIRCLE

SUITE 400 City-State-Zip: ASHLAND FL 01721

City-State-Zip: NORTH MIAMI FL 33181

Title MANAGER

Name OHAYON, MICHEL

Address 16699 COLLINS AVE #4002 City-State-Zip: SUNNY ISLES FL 33160

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: MME CAPITAL MANAGEMENT

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

04/30/2019