

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000004228

Entity Name: 5FR-1, LLC**Current Principal Place of Business:**407 LINCOLN ROAD PH-NE
MIAMI BEACH, FL 33139**Current Mailing Address:**407 LINCOLN ROAD PH-NE
MIAMI BEACH, FL 33139**FEI Number:** 32-0456702**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BARBOSA LEGAL
407 LINCOLN ROAD PH-NE
MIAMI BEACH, FL 33139 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 ESTEVES, CLAUDIO
Address 407 LINCOLN ROAD PH-NE
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name GALLI, GUSTAVO
Address 407 LINCOLN ROAD PH-NE
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name MIOTTO, EDUARDO
Address 407 LINCOLN ROAD PH-NE
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name SEVERINI, FAUSTOO
Address 407 LINCOLN ROAD PH-NE
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name POLITI, DANIELLE
Address 407 LINCOLN ROAD PH-NE
City-State-Zip: MIAMI BEACH FL 33139

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: POLITI , DANIELLE

MGR

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date