

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000098848

**Entity Name:** AUSTIN FIVE LLC

**Current Principal Place of Business:**

3361 FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414

**Current Mailing Address:**

3361 FAIRLANE FARMS ROAD  
WELLINGTON, FL 33414 US

**FEI Number:** 81-2690786

**Certificate of Status Desired:** No

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

JOHN MADDEN PA  
900 SE OCEAN BLVD SUITE 126-C  
STUART, FL 34994 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 AMBR  
Name BLZ HEALTHCARE LLC  
Address 3361 FAIRLANE FARMS ROAD  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name STARMAN CONSULTING LLC  
Address 38A SMITHFIELD BLVD #306  
City-State-Zip: PLATTSBURG NY 12901

Title AMBR  
Name DERIAMMO II LLC  
Address 6452 FOX RUN CIRCLE  
City-State-Zip: JUPITER FL 33458  
  
Title AMBR  
Name WINCO SYSTEMS INC  
Address 3361 FAIRLANE FARMS ROAD  
City-State-Zip: WELLINGTON FL 33414

*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:** CRISTIE ALDEN

**CONTROLLER**

**04/02/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date