

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000181640

Entity Name: QUIN FIVE LLC**Current Principal Place of Business:**2030 S DOUGLAS RD
417
CORAL GABLES, FL 33134**Current Mailing Address:**2030 S DOUGLAS RD
417
CORAL GABLES, FL 33134 US**FEI Number:** 82-0780567**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUINTERO, MAURO
8240 NW 52ND TERRACE
SUITE 305
DORAL, FL 33166 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:** MAURO QUINTERO

03/02/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, AUTHORIZED MEMBER
Name QUINTERO U., MAURO G
Address 2030 S DOUGLAS RD
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER, AUTHORIZED MEMBER
Name QUINTERO, MAURO JOSE
Address 2030 S DOUGLAS RD
417
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER, AUTHORIZED MEMBER
Name QUINTERO, ALEJANDRO RAMON
Address 2030 S DOUGLAS RD
417
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER, AUTHORIZED MEMBER
Name BENARROCH, GABRIELA MARIA
Address 2030 S DOUGLAS RD
417
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER, AUTHORIZED MEMBER
Name HERNANDEZ DE QUINTERO, MARIA
AUXILIADORA
Address 2030 S DOUGLAS RD
417
City-State-Zip: CORAL GABLES FL 33134

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: MAURO QUINTERO

MANAGING MEMBER

03/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date