

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000195874

**Entity Name:** 319 FIFTH, LLC

**Current Principal Place of Business:**

319 5TH STREET NORTH  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

319 5TH STREET NORTH  
ST. PETERSBURG, FL 33701

**FEI Number:** 81-4359773

**Certificate of Status Desired:** No

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

GLASSCOCK, JOHN R  
319 5TH STREET NORTH  
ST. PETERSBURG, FL 33701 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	Title	MEMBER
Name	GLASSCOCK, JOHN R	Name	GLASSCOCK, GREGORY H
Address	319 5TH STREET NORTH	Address	319 5TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33701	City-State-Zip:	ST. PETERSBURG FL 33701

*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:** JOHN R GLASSCOCK

MEMBER

03/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date