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.

MGR

SIGNATURE: ALBERTO RIBAS

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR
Name	RIBAS, ALBERTO J
Address	PO BOX 620757
o., o, , , ,	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000117839

Entity Name: 5A FLORIDA IMMIGRATION ATTORNEYS, LLC

Current Principal Place of Business:

204 N. ELM AVE., SUITE 104 SANFORD, FL 32771

Current Mailing Address:

PO BOX 620757 OVIEDO, FL 32762 US

FEI Number: 82-1780991

Name and Address of Current Registered Agent:

RIBAS, ALBERTO 204 N. ELM AVE., SUITE 104 SANFORD, FL 32771 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: ALBERTO RIBAS

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

City-State-Zip: OVIEDO FL 32762

FILED Mar 01, 2024 Secretary of State 2875635317CC

Certificate of Status Desired: No

03/01/2024

Date

03/01/2024 Date