

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000135886

**Entity Name:** 265 N.E. 5TH AVENUE, LLC

**Current Principal Place of Business:**

265 NE 5TH AVE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

305 NE 2ND AVE  
BOX 39  
DELRAY BEACH, FL 33444 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VAN ARNEM, HAROLD  
305 NE 2ND AVE  
BOX 39  
DELRAY BEACH, FL 33444 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           MANAGER  
Name           HVA LIMITED PARTNERSHIP  
Address        305 NE 2ND AVE  
                  BOX 39  
City-State-Zip: DELRAY BEACH FL 33444

Title           MANAGER  
Name           MELANDRI, FRANCESCO  
Address        305 NE 2ND AVE  
                  BOX 39  
City-State-Zip: DELRAY BEACH FL 33444

*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:** HAROLD VAN ARNEM

**PRESIDENT, HVA CORP**

**04/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date