

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000212989

**Entity Name:** ELLISON FIVE, LLC

**Current Principal Place of Business:**

6441 AMORY ST  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

6441 AMORY ST  
ENGLEWOOD, FL 34224 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ELLISON, GLEN  
6441 AMORY ST  
ENGLEWOOD, FL 34224-8279 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:** GLEN ELLISON

02/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ELLISON, GLEN	Name	ELLISON, DONNA
Address	6441 AMORY ST	Address	6441 AMORY ST
City-State-Zip:	ENGLEWOOD FL 34224	City-State-Zip:	ENGLEWOOD FL 34224

*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:** GLEN ELLISON

**PRESIDENT**

02/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date