

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000043093

**Entity Name:** THE 5 R'S LLC

**Current Principal Place of Business:**

1817 FLORIDA AVE  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1817 FLORIDA AVE  
JACKSONVILLE, FL 32206 US

**FEI Number:** 59-3491522

**Certificate of Status Desired:** No

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

KNOPF & SONS BINDERY, INC.  
1817 FLORIDA AVE  
JACKSONVILLE, FL 32206 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  
Name KNOPF, RALPH J  
Address 3641 EVE DR W  
City-State-Zip: JACKSONVILLE FL 32246

Title AMBR  
Name KNOPF, RAYMOND E JR  
Address 3646 EVE DR W  
City-State-Zip: JACKSONVILLE FL 32246

Title AMBR  
Name SARES, RENEE  
Address 10850 HAMILTON DOWNS CT  
City-State-Zip: JACKSONVILLE FL 32257

Title AMBR  
Name WAXER, RACHEL  
Address 5485 MARSH CREEK CT  
City-State-Zip: JACKSONVILLE FL 32277

Title AMBR  
Name KNOPF, RONALD  
Address 8869 BRIERWOOD RD  
City-State-Zip: JACKSONVILLE FL 32257

*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:** RALPH J KNOPF

AMBR

02/04/2020

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

\_\_\_\_\_  
Date