2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2025
Secretary of State
7980280810CC

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Entity Name: PARTIOFFIVE, LLC

Current Principal Place of Business:

1429 SAUTERN DRIVE
FORT MYERS, FL 33919

Current Mailing Address:

PO BOX 61213
FORT MYERS, FL 33906 US

FEI Number: 83-3711963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERSCH, CRAIG R
9100 COLLEGE POINTE COURT
FORT MYERS, FL 33919 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	MGR	Title	MGR
Name	PARTIPILO, WILLIAM C	Name	PARTIPILO, REBECCA L
Address	PO BOX 61213	Address	PO BOX 61213
City-State-Zip:	FORT MYERS FL 33906	City-State-Zip:	FORT MYERS FL 33906

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: REBECCA PARTIPILO MGR 03/03/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date