

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000046764

Entity Name: PARTIOFFIVE, LLC

Current Principal Place of Business:

1429 SAUTERN DRIVE
FORT MYERS, FL 33919

Current Mailing Address:

P.O. BOX 07512
FORT MYERS, FL 33919 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
Name PARTIPILO, WILLIAM C
Address 1429 SAUTERN DRIVE
City-State-Zip: FORT MYERS FL 33919

Title MGR
Name PARTIPILO, REBECCA L
Address 1429 SAUTERN DRIVE
City-State-Zip: FORT MYERS FL 33919

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: WILLIAM CARL PARTIPILO

MANAGER

04/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date