

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000099722

**Entity Name:** JAX HUB 5 LLC

**Current Principal Place of Business:**

5415 MISSOURI AVE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

5415 MISSOURI AVE  
JACKSONVILLE, FL 32254

**FEI Number:** 37-1940821

**Certificate of Status Desired:** No

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

URBAN PROPERTIES MANAGEMENT GROUP LLC  
5415 MISSOURI AVE  
JACKSONVILLE, FL 32254 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 URBAN PROPERTIES MANAGEMENT GROUP LLC  
Address 5415 MISSOURI AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title MGR  
Name ZANANI, DROR M SR  
Address 5415 MISSOURI AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title MGR  
Name SIMONI, ELIRAN M SR  
Address 1122 COUNTRY CLUB RD  
City-State-Zip: WILMINGTON NC 28403

Title MGR  
Name LAHAM, ABRAHAM M SR  
Address 1122 COUNTRY CLUB RD  
City-State-Zip: WILMINGTON NC 28403

*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:** ELIRAN SIMONI

**MEMBER**

**03/30/2021**

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

\_\_\_\_\_  
Date