

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000162296

**Entity Name:** 5 SIX INVESTMENT, LLC

**Current Principal Place of Business:**

5321 KINGSWOOD DR  
ORLANDO, FL 32810

**Current Mailing Address:**

5321 KINGSWOOD DR  
ORLANDO, FL 32810 US

**FEI Number:** 30-1202354

**Certificate of Status Desired:** No

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

LEGIT CONSULTING SERVICES, LLC  
6735 CONROY WINDERMERE STE 233  
ORLANDO, FL 32835 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 SIX, JEROME  
Address AVENIDA EDOUARD SIX 540 CS 5  
City-State-Zip: JACAREI SP 12327--673

Title AMBR  
Name CARDOSO SIX, NAIR  
Address AVENIDA EDOUARD SIX 540 CS 5  
City-State-Zip: JACAREI SP 12327--673

Title AMBR  
Name SIX, JEAN EDOUARD  
Address 5321 KINGSWOOD DR  
City-State-Zip: ORLANDO FL 32810

Title AMBR  
Name SIX, MARIE CELINE  
Address AVENIDA EDOUARD SIX 540 CS 5  
City-State-Zip: JACAREI, SP 12327-673 BR

Title AMBR  
Name SIX, MARIE NADINE  
Address AVENIDA EDOUARD SIX 540 CS 5  
City-State-Zip: JACAREI, SP 12327-673 BR

*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:** CARDOSO SIX , NAIR

AMBR

02/28/2024

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

\_\_\_\_\_ Date