

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000186552

**Entity Name:** FIVE ONLY LLC

**Current Principal Place of Business:**

825 BRICKELL BAY DR  
APT 1951  
MIAMI, FL 33131

**Current Mailing Address:**

P.O BOX 310303  
MIAMI, FL 33231 US

**FEI Number:** 84-2452115

**Certificate of Status Desired:** No

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

LONDONO, LUZ  
825 BRICKELL BAY DR  
APT 1951  
MIAMI, FL 33131 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 LONDONO, LUZ  
Address 16904 VARDON TERRACE, APT 104  
City-State-Zip: LAKEWOOD RANCH FL 34211

Title MGR  
Name JIMENEZ, MARIA ANTONIA  
Address 825 BRICKELL BAY DR  
APT 1951  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name JIMENEZ, MANUELA  
Address 825 BRICKELL BAY DR  
APT 1951  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name SALDARRIAGA, CARLOS A  
Address 825 BRICKELL BAY DR  
APT 1951  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name CAMILO SALDARRIAGA, JUAN  
Address 9937 NW 10TH ST  
City-State-Zip: MIAMI FL 33172

Title MGR  
Name SALDARRIAGA, CARLOS E  
Address 9611 MARTINQUE DR  
City-State-Zip: CUTLER BAY FL 33189

*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:** MANUELA JIMENEZ

**MANAGER**

**02/10/2023**

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

\_\_\_\_\_  
Date