

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000189181

**Entity Name:** 5179 ARLINGTON, LLC

**Current Principal Place of Business:**

5179 ARLINGTON ROAD  
COCOA, FL 32927

**Current Mailing Address:**

728 WEST AV UNIT 2080  
COCOA, FL 32927 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CRICHTON, CAROLYN S  
220 NORTH ROSALIND AVENUE  
ORLANDO, FL 32801 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           MANAGER  
Name           FRY, SHARON  
Address        728 WEST AV UNIT 2080  
City-State-Zip: COCOA FL 32927

*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:** SHARON FRY

**MANAGING MEMBER**

**01/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date