

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000058694

**Entity Name:** ABG 5 LLC

**Current Principal Place of Business:**

2087 INDIAN RIVER BLVD  
VERO BEACH, FL 32960

**Current Mailing Address:**

PO BOX 644397  
VERO BEACH, FL 32964

**FEI Number:** 20-1464511

**Certificate of Status Desired:** No

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

SHERMAN, TOM  
218 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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 MGRM  
Name 33 CORPORATION  
Address 2087 INDIAN RIVER BLVD  
City-State-Zip: VERO BEACH FL 32960

*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:** SCOTT PARKER

**PRESIDENT**

**02/23/2015**

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

\_\_\_\_\_  
Date