

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000077255

**Entity Name:** H-5, LLC

**Current Principal Place of Business:**

12773 W FOREST HILL BLVD  
1211  
LOXAHATCHEE, FL 33414

**Current Mailing Address:**

P.O. BOX997  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 20-3265259

**Certificate of Status Desired:** No

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

PRESCOTT, WARREN L  
12773 W FOREST HILL BLVD  
1211  
WELLINGTON, FL 33414 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	MGRP
Name	PRESCOTT, WARREN L
Address	51 RIVER DRIVE
City-State-Zip:	TEQUESTA FL 33469
Title	S
Name	TOMEU, ADELA M
Address	115 ALPINE RD
City-State-Zip:	WEST PALM BEACH FL 33405
Title	VP
Name	RODRIGUEZ, ROBERTO
Address	P.O. BOX 454
City-State-Zip:	BELLE GLADE FL 33430

Title	VPG
Name	PRESCOTT, LOURDES M
Address	51 RIVER DRIVE
City-State-Zip:	TEQUESTA FL 33469
Title	V
Name	RODRIGUEZ, ESTATE OF FRANCISCO
Address	P.O. BOX 454
City-State-Zip:	BELLE GLADE FL 33430
Title	T
Name	CRAWFORD, JEFFREY
Address	3 DEER CT
City-State-Zip:	PALM BAY FL 32909

*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:** WARREN L PRESCOTT

**PRESIDENT**

**02/28/2017**

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

\_\_\_\_\_  
Date