

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077255

Entity Name: H-5, LLC

Current Principal Place of Business:

14701 OKEECHOBEE BLVD
LOXAHATCHEE, FL 33470

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
51 RIVER DRIVE
TEQUESTA, FL 33469 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 VPG
Name PRESCOTT, LOURDES M
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 V
Name RODRIGUEZ, FRANSISCO
Address P.O. BOX 454
City-State-Zip: BELLE GLADE FL 33430

Title VP
Name RODRIGUEZ, ROBERTO
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

MEMBER/MANAGER

01/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date