

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000026418

**Entity Name:** 300 NE 5TH ST, LLC

**Current Principal Place of Business:**

2525 N.W. 15TH STREET  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

PO BOX 510262  
KEY COLONY BEACH, FL 33051 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

HOPKINSON, TAMARA  
2525 N.W. 15TH STREET  
DELRAY BEACH, FL 33445 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 EDLUND, STEVE  
Address PO BOX 510262  
City-State-Zip: KEY COLONY BEACH FL 33051

Title MGRM  
Name HOPKINSON, TAMARA  
Address PO BOX 510262  
City-State-Zip: KEY COLONY BEACH FL 33051

*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:** TAMARA HOPKINSON

MGRM

02/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date