

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026389

**Entity Name:** FIVE DEFENDERS, LLC

**Current Principal Place of Business:**

40 NW 3RD STREET  
PENTHOUSE ONE  
MIAMI, FL 33128

**Current Mailing Address:**

40 NW 3RD STREET  
PENTHOUSE ONE  
MIAMI, FL 33128

**FEI Number:** 27-0463495

**Certificate of Status Desired:** No

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

MARKUS, MONA  
40 NW 3RD STREET  
PENTHOUSE ONE  
MIAMI, FL 33128 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	MGR	Title	MGR
Name	MARKUS, DAVID	Name	FLORES, HECTOR
Address	40 N.W. THIRD ST., PH1	Address	40 N.W. THIRD ST., PH1
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33128
Title	MGR	Title	MGR
Name	SEITLES, MARC	Name	BARZEE, WILLIAM
Address	40 N.W. THIRD ST., PH1	Address	40 N.W. THIRD ST., PH1
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33128
Title	MGRM	Title	ST
Name	KLUGH, RICHARD	Name	MARKUS, MONA
Address	40 N.W. THIRD ST., PH1	Address	40 N.W. THIRD ST., PH1
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33128

*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:** MONA MARKUS

**SECRETARY AND  
TREASURER**

02/11/2024

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

\_\_\_\_\_  
Date