

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000048845

Entity Name: 5L PROPERTIES, LLC**Current Principal Place of Business:**37037 S.R. 54
ZEPHYRHILLS, FL 33541**Current Mailing Address:**P.O. BOX 2679
ZEPHYRHILLS, FL 33539-2679**FEI Number:** 27-0240913**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINVILLE, TERRY
5215 BERNADETTE DRIVE
ZEPHYRHILLS, FL 33541 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 |
| Name | LINVILLE, TERRY |
| Address | P.O. BOX 2679 |
| City-State-Zip: | ZEPHYRHILLS FL 33539-2679 |

| | |
|-----------------|---------------------------|
| Title | MGR |
| Name | LINVILLE, JAY |
| Address | P.O. BOX 2679 |
| City-State-Zip: | ZEPHYRHILLS FL 33539-2679 |

| | |
|-----------------|---------------------------|
| Title | MGR |
| Name | LINVILLE, TIMOTHY |
| Address | P.O. BOX 2679 |
| City-State-Zip: | ZEPHYRHILLS FL 33539-2679 |

| | |
|-----------------|---------------------------|
| Title | MGR |
| Name | LINVILLE, ANTHONY |
| Address | P.O. BOX 2679 |
| City-State-Zip: | ZEPHYRHILLS FL 33539-2679 |

| | |
|-----------------|--------------------------|
| Title | MGR |
| Name | SPUNG, TARA |
| Address | 42 SOPRIS MESA PLACE |
| City-State-Zip: | CARBONDALE CO 81623-8518 |

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: TERRY LINVILLE

MANAGER

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date