

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000022598

**Entity Name:** 5 IRON, LLC

**Current Principal Place of Business:**

17450 NW 203RD AVE  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

P O BOX 2122  
OKEECHOBEE, FL 34973 US

**FEI Number:** 38-3810655

**Certificate of Status Desired:** No

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

LARSON, JACOB N  
17450 NW 203RD AVE  
OKEECHOBEE, FL 34972 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 LARSON, JACOB N  
Address 17450 NW 203RD AVE  
City-State-Zip: OKEECHOBEE FL 34972

Title MGRM  
Name LARSON, DANIELLE  
Address 17450 NW 203RD AVE  
City-State-Zip: OKEECHOBEE FL 34972

*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:** JACOB LARSON

**MANAGER**

**04/25/2019**

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

\_\_\_\_\_  
Date