**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 14, 2024**
**Secretary of State**
**6640213995CC**

DOCUMENT# L12000016928

**Entity Name:** TRIPLE FIVE FLORIDA LLC.

**Current Principal Place of Business:**

35 SW 12 AVENUE
104
DANIA BEACH, FL 33004

**Current Mailing Address:**

35 SW 12 AVENUE
104
DANIA BEACH, FL 33004 US

**FEI Number: 45-4517523**

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 | Title | MGRM |
| Name | KASZTL ENTERPRISES | Name | KASZTL, WARREN |
| Address | 1351 NE 172ND STREET | Address | 35 SW 12 AVENUE<br>#104 |
| City-State-Zip: | MIAMI FL 33162 | City-State-Zip: | DANIA BEACH FL 33004 |

*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: KASZTL ENTERPRISES MGRM 02/14/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date