

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129050

**Entity Name:** HANANIA INVESTMENTS 5, LLC

**Current Principal Place of Business:**

1200 RIVERPLACE BLVD.  
SUITE 700  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1200 RIVERPLACE BLVD.  
SUITE 700  
JACKSONVILLE, FL 32207 US

**FEI Number:** 46-1152048

**Certificate of Status Desired:** Yes

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

BAJALIA LAW OFFICE, P.A  
7645 GATE PARKWAY  
SUITE 106  
JACKSONVILLE, FL 32256 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:** MICHAEL M. BAJALIA

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HANANIA, JACK Y  
Address 1200 RIVERPLACE BLVD.  
SUITE 700  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name HANANIA, DEBORAH S  
Address 1200 RIVERPLACE BLVD.  
SUITE 700  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name HANANIA, JACK H.  
Address 1200 RIVERPLACE BLVD.  
SUITE 700  
City-State-Zip: JACKSONVILLE FL 32207

Title CFO  
Name WHYTE, SHANNON  
Address 7220 BLANDING BOULEVARD  
City-State-Zip: JACKSONVILLE FL 32244

Title MGR  
Name HANANIA, MARK  
Address 1200 RIVERPLACE BLVD.  
SUITE 700  
City-State-Zip: JACKSONVILLE FL 32207

Title TREASURER  
Name REMER, MYLA  
Address 1200 RIVERPLACE BLVD.  
SUITE 700  
City-State-Zip: JACKSONVILLE FL 32207

*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:** JACK HANANIA

MGR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date