

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000139908

Entity Name: 5M ASSOCIATES, LLC**Current Principal Place of Business:**1384 MOSS CREEK DR.
JACKSONVILLE, FL 32225**Current Mailing Address:**1384 MOSS CREEK DR.
JACKSONVILLE, FL 32225 US**FEI Number:** 46-4279605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAIDER, NAHEEM
1384 MOSS CREEK DR
JACKSONVILLE, FL 33612 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	HAIDER, NAEEM
Address	1384 MOSS CREEK DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	AMBR
Name	HAIDER M, NAEEMA
Address	1384 MOSS CREEK DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	AMBR
Name	HAIDER, SHYMAAN
Address	1384 MOSS CREEK DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	MR
Name	HAIDER, MOMIN
Address	1384 MOSS CREEK DR.
City-State-Zip:	JACKSONVILLE FL 32225

Title	MISS
Name	HAIDER, MAAHUM
Address	1384 MOSS CREEK DR.
City-State-Zip:	JACKSONVILLE FL 32225

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: NAEEM HAIDER**PRESIDENT****01/31/2025**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date