

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000136907

**Entity Name:** 5TH AVENUE CONDOS, LLC

**Current Principal Place of Business:**

131 POLIPOLI RD  
KULA, HI 96790

**Current Mailing Address:**

131 POLIPOLI RD  
KULA, HI 96790 US

**FEI Number:** 46-3984665

**Certificate of Status Desired:** No

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

WALLACE, PETER R  
259 THIRD STREET NORTH  
ST. PETERSBURG, FL 33701 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 SOLOMON, BENJAMIN  
Address 131 POLIPOLI RD  
City-State-Zip: KULA HI 96790

Title MANAGER  
Name SOLOMON, ANDREW PETER  
Address 205 5TH AVE NORTH  
APT 501  
City-State-Zip: ST PETERSBURG FL 33701

*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:** BENJAMIN SOLOMON

MGRM

01/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date