

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000190817

**Entity Name:** 5 SEASONS DEVELOPMENT LLC

**Current Principal Place of Business:**

4825 N DIXIE HWY  
A  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

4825 N DIXIE HWY  
A  
OAKLAND PARK, FL 33334

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

COONS, THOMAS  
888 S ANDREWS AVE  
FT LAUDERDALE, FL 33315 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 MGR  
Name DOMINGUES, JOHN  
Address 94 W VALLEY BROOK RD  
City-State-Zip: CALIFON NJ 07830

Title MGR  
Name DOMINGUES, MANUEL  
Address 55 PAVONIA AVE  
City-State-Zip: KEARNY NJ 07032

Title MGR  
Name AMORIM, MANUEL  
Address 2 NICHOLAS CT  
City-State-Zip: ANNANDALE NJ 08801

Title MGR  
Name TAVARES, FRANCISCO  
Address 52 PARLIN LANE  
City-State-Zip: WATCHUNG NJ 07069

Title MGR  
Name PEREIRA, FRANCISCO  
Address 1169 IRVIN AVE  
City-State-Zip: UNION NJ 07083

*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:** JOHN DOMINGUES

MGR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date