

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000002352

**Entity Name:** AXOU5, LLC

**Current Principal Place of Business:**

9595 COLLINS AV  
SOUTH TOWER APT 904  
SURFSIDE, FL 33154

**Current Mailing Address:**

9595 COLLINS AV  
SOUTH TOWER APT 904  
SURFSIDE, FL 33154 US

**FEI Number:** 38-3988171

**Certificate of Status Desired:** No

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

DYAN, SALOME  
9595 COLLINS AV  
SOUTH TOWER APT 904  
SURFSIDE, FL 33154 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            AMBR  
Name            DYAN, SALOME  
Address        1900 N. BAYSHORE DRIVE, UNIT 1A,  
                  SUITE 107  
City-State-Zip: MIAMI FL 33132

Title            AMBR  
Name            DYAN BENCHETRIT, SHANA  
Address        9595 COLLINS AV  
                  SOUTH TOWER APT 904  
City-State-Zip: SURFSIDE FL 33154

*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:** DYAN , SALOME

AMBR

04/12/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date