

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000234607

**Entity Name:** FOCUS ON FIVE LLC**Current Principal Place of Business:**860 GOLDEN CANE DR  
WESTON, FL 33327**Current Mailing Address:**860 GOLDEN CANE DR  
WESTON, FL 33327 US**FEI Number:** 82-3420503**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COHEN , KAREN A  
860 GOLDEN CANE DR  
WESTON, FL 33327 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:** KAREN ARMANDO COHEN

03/21/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHAIRMAN, AUTHORIZED MEMBER  
Name COHEN, KAREN ARMANDO  
Address 860 GOLDEN CANE DR  
City-State-Zip: WESTON FL 33327

Title AUTHORIZED MEMBER  
Name COHEN , KARIF DAVID  
Address 860 GOLDEN CANE DR  
City-State-Zip: WESTON FL 33327

Title AUTHORIZED MEMBER  
Name COHEN, KERIT ABRAHAM  
Address 860 GOLDEN CANE DR  
City-State-Zip: WESTON FL 33327

Title MANAGER  
Name LEIROS, JUAN C  
Address 663 LIVE OAK LANE  
City-State-Zip: WESTON FL 33327

*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:** KAREN ARMANDO COHEN

CHAIRMAN

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date