

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000005172

**Entity Name:** FIFTH AVENUE PARTNERS LLC

**Current Principal Place of Business:**

1136 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

1136 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

**FEI Number:** 84-4236475

**Certificate of Status Desired:** No

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

SMITH, WILSON D  
1136 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 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:** WILSON SMITH

01/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALLEN, TOM  
Address 1136 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title MGR  
Name FRAZEE, TED  
Address 1136 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title MGR  
Name SMITH, DOUG  
Address 1136 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

Title MANAGER  
Name SMITH, WILSON  
Address 1136 THOMASVILLE ROAD  
City-State-Zip: TALLAHASSEE FL 32303

*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:** WILSON SMITH

MANAGER

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date