

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000017015

**Entity Name:** 5835 SR 542 W, LLC

**Current Principal Place of Business:**

5835 SR 542 W  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

PO BOX 1428  
AUBURNDALE, FL 33823 US

**FEI Number:** 84-4667547

**Certificate of Status Desired:** No

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

JENNINGS, THOMAS G  
5534 OLD BERKLEY RD  
AUBURNDALE, FL 33823 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 JENNINGS, THOMAS G  
Address 5534 OLD BERKLEY ROAD  
City-State-Zip: AUBURNDALE FL 33823

Title AMBR  
Name JENNINGS, JULIE K  
Address 5534 OLD BERKLEY ROAD  
City-State-Zip: AUBURNDALE FL 33823

Title AR  
Name WATKINS, KIMBERLY  
Address 305 PILAKLAKAHA AVENUE  
City-State-Zip: AUBURNDALE FL 33823

*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:** THOMAS JENNINGS

MANAGER

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date