

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000506116

**Entity Name:** PARTY OF FIVE LLC

**Current Principal Place of Business:**

227 NE 2ND STREET UNIT 2813  
MIAMI, FL 33132

**Current Mailing Address:**

227 NE 2ND STREET UNIT 2813  
MIAMI, FL 33132

**FEI Number:** 87-4484691

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 N. CALHOUN ST, SUITE 4  
TALLAHASSEE, FL 32301 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	MANAGER	Title	MANAGER
Name	ROMERO, DANILO	Name	SARRIA FERNANDEZ, ANA MARIA
Address	227 NE 2ND STREET UNIT 2813	Address	227 NE 2ND STREET UNIT 2813
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** ANA MARIA SARRIA FERNANDEZ

**MANAGER**

**04/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date