

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000080493

**FILED  
Apr 07, 2015  
Secretary of State  
CC6122786815**

**Entity Name:** TWOFA LLC

**Current Principal Place of Business:**

10520 N.W. 26TH STREET  
C 201  
DORAL, FL 33172

**Current Mailing Address:**

10520 N.W. 26TH STREET  
C 201  
DORAL, FL 33172

**FEI Number:** 55-0903243

**Certificate of Status Desired:** No

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

CABANAS & ASSOCIATES, P.A.  
10520 NW 26TH STREET  
C201  
DORAL, FL 33172 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 MGRM  
Name NUNEZ, FRANCISCO  
Address 10520 N.W. 26TH STREET, C-201  
City-State-Zip: DORAL FL 33172

Title MGRM  
Name ACOSTA DE NUNEZ, MILAGROS  
Address 10520 N.W. 26TH STREET, C-201  
City-State-Zip: DORAL FL 33172

Title MEMBER  
Name NUNEZ ACOSTA, FRANCISCO L  
Address 10520 N.W. 26TH STREET  
C 201  
City-State-Zip: DORAL FL 33172

Title MEMBER  
Name NUNEZ ACOSTA, LUIS G  
Address 10520 N.W. 26TH STREET  
C 201  
City-State-Zip: DORAL FL 33172

Title MEMBER  
Name NUNEZ ACOSTA, LUIS G  
Address 10520 N.W. 26TH STREET  
C 201  
City-State-Zip: DORAL FL 33172

*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:** FRANCISCO NUNEZ

**MGRM**

**04/07/2015**

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

\_\_\_\_\_  
Date