

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000096333

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC2083897251**

**Entity Name:** TWO STARS VALLEY LLC

**Current Principal Place of Business:**

G/O GFB TAX SERVICE, 2200 N. COMMERCE PARKWAY, SUITE 200  
WESTON, FL 33326

**Current Mailing Address:**

G/O GFB TAX SERVICE, 2200 N. COMMERCE PARKWAY, SUITE 200  
WESTON, FL 33326 US

**FEI Number:** 22-3981359

**Certificate of Status Desired:** No

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

GFB TAX SERVICE LLC  
G/O GFB TAX SERVICE, 2200 N. COMMERCE PARKWAY, SUITE 200  
WESTON, FL 33326 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 BARRETO, MARCELO A  
Address G/O GFB TAX SERVICE, 2200 N.  
COMMERCE PARKWAY, SUITE 200  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name VALLE, RICARDO E  
Address G/O GFB TAX SERVICE, 2200 N.  
COMMERCE PARKWAY, SUITE 200  
City-State-Zip: WESTON FL 33326

*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:** MARCELO BARRETO

**MGRM**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date