

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000045777

**Entity Name:** 2CLAPS , LLC

**Current Principal Place of Business:**

4761 MAPLE PARK STREET  
ORLANDO, FL 32811

**Current Mailing Address:**

4761 MAPLE PARK STREET  
ORLANDO, FL 32811 US

**FEI Number:** 45-1765352

**Certificate of Status Desired:** No

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

ANDERSON, TREVOR  
4761 MAPLE PARK STREET  
ORLANDO, FL 32811 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	Title	MGRM
Name	ANDERSON, AMBER	Name	ANDERSON, TREVOR
Address	4761 MAPLE PARK STREET 4761 MAPLE PARK STREET	Address	4761 MAPLE PARK STREET
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811

*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:** AMBER ANDERSON

MGR

03/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date