

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078865

**Entity Name:** 2BA SERVICES, LLC

**Current Principal Place of Business:**

10360 LEXINGTON ESTATES BLVD.  
BOCA RATON, FL 33428

**Current Mailing Address:**

10360 LEXINGTON ESTATES BLVD.  
BOCA RATON, FL 33428

**FEI Number:** 99-0367845

**Certificate of Status Desired:** No

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

AGUIRRE DE CAPO, BLANCA BEATRIZ  
10360 LEXINGTON ESTATES BLVD.  
BOCA RATON, FL 33428 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	MGR
Name	AGUIRRE DE CAPO, BLANCA BEATRIZ
Address	10360 LEXINGTON BLVD.
City-State-Zip:	BOCA RATON FL 33428
Title	AUTHORIZED MEMBER
Name	CAPO, ARTURO JOSE
Address	10360 LEXINGTON ESTATES BLVD.
City-State-Zip:	BOCA RATON FL 33428

Title	AUTHORIZED MEMBER
Name	CAPO, JOSE RAFAEL
Address	10360 LEXINGTON ESTATES BLVD.
City-State-Zip:	BOCA RATON FL 33428
Title	AUTHORIZED MEMBER
Name	CAPO, MARIANA ELENA
Address	10360 LEXINGTON ESTATES BLVD.
City-State-Zip:	BOCA RATON FL 33428

*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:** AGUIRRE DE CAPO, BLANCA BEATRIZ

**MGRM**

**03/29/2024**

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

\_\_\_\_\_  
Date