

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000046518

**Entity Name:** TRIBE OF TWO, LLC

**Current Principal Place of Business:**

2600 S DOUGLAS ROAD, SUITE 501  
C/O KLEIN MENDEZ & ROTHBARD LLC  
CORAL GABLES, FL 33134

**Current Mailing Address:**

349 EAST 19TH ST  
C/O BRENDA SCHAD  
NEW YORK, NY 10003

**FEI Number:** 45-4998226

**Certificate of Status Desired:** No

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

MELAND RUSSIN & BUDWICK, P.A.  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 3000  
MIAMI, FL 33131 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 SCHAD, BRENDA  
Address 2600 S DOUGLAS ROAD, SUITE 501  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name LABORIE, STERLING VICTORIA  
Address 349 EAST 19TH ST  
C/O BRENDA SCHAD  
City-State-Zip: NEW YORK NY 10003

*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:** BRENDA SCHAD

**MANAGER**

**02/13/2017**

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

\_\_\_\_\_  
Date