

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000127644

**Entity Name:** SLM2, LLC

**Current Principal Place of Business:**

1412 E. ROBINSON STREET  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 2147  
ORLANDO, FL 32802-2147 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MALLEN, DAVID E  
1412 E. ROBINSON ST.  
ORLANDO, FL 32801 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            AMBR  
Name            MALLEN, CARLA E  
Address        1412 E. ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

Title            MGR  
Name            MALLEN, DAVID  
Address        1412 E. ROBINSON STREET  
City-State-Zip: ORLANDO FL 32801

*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:** DAVID MALLEN

**MGR**

**04/03/2018**

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

\_\_\_\_\_  
Date