

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000143266

**Entity Name:** 2R1 GROUP, LLC

**Current Principal Place of Business:**

5785 NW WESLEY ROAD  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

5785 NW WESLEY ROAD  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 47-1827612

**Certificate of Status Desired:** Yes

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

FRIED, LYLE R  
5785 NW WESLEY ROAD  
PORT SAINT LUCIE, FL 34986 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            FRIED, LYLE R  
Address        5785 NW WESLEY ROAD  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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:** LYLE R. FRIED

AMBR

02/09/2017

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

\_\_\_\_\_  
Date