

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000030665

**Entity Name:** 2 MY DESTINY, LLC

**Current Principal Place of Business:**

5004 E FOWLER AVE SUITE C #335  
TAMPA, FL 33617

**Current Mailing Address:**

5004 E FOWLER AVE SUITE C #335  
TAMPA, FL 33617 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REID, LONERYL  
3501 LINDELL AVENUE  
TAMPA, FL 33610 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:** LONERYL REID

04/28/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name REID, LONERYL  
Address 3501 LYNDELL AVENUE  
City-State-Zip: TAMPA FL 33610

*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:** LONERYL REID

MANAGER

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date