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: XIMENA ADAMES

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

ADAMES, XIMENA V 6255 SW 47TH MNR #204 DAVIE, FL 33314 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:

Authorized Person(s) Detail :			
Title	MGRM	Title	COO
Name	ADAMES, XIMENA V	Name	GONZALES, MARIA EL VIRA SR.
Address	6255 SW 47TH MNR #204	Address	6511 NOVA DRIVE 263
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33317

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000162457

Entity Name: PERFECT RIDE 2 LLC

Current Principal Place of Business:

6255 SW 47TH MINOR #204 DAVIE, FL 33314

Current Mailing Address:

6511 NOVA DRIVE 263 DAVIE, FL 33317 US

FEI Number: 47-5149582

Electronic Signature of Registered Agent

04/30/2023

AMBR

FILED Apr 30, 2023 Secretary of State 5663279056CC

Certificate of Status Desired: No

Date

Date