

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000173053

**Entity Name:** 2 STORY DUPLEX, LLC

**Current Principal Place of Business:**

5900 BISCAYNE DRIVE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

5900 BISCAYNE DRIVE  
LAKE WORTH, FL 33463

**FEI Number:** 81-0687010

**Certificate of Status Desired:** No

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

WIENER, HOWARD J ESQ.  
4444 PGA BLVD., SUITE 600  
PALM BEACH GARDENS, FL 33418 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 LA CROIX, KATHLEEN  
Address 5900 BISCAYNE DRIVE  
City-State-Zip: LAKE WORTH FL 33463

*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:** KATHLEEN LA CROIX

04/02/2020

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

\_\_\_\_\_  
Date