

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000052399

**Entity Name:** CFG2 LLC

**Current Principal Place of Business:**

7656 WHISPER WAY  
#102  
REUNION, FL 34747

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**1475958884CC**

**Current Mailing Address:**

7656 WHISPER WAY  
#102  
REUNION, FL 34747 US

**FEI Number:** 35-2555844

**Certificate of Status Desired:** No

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

SOUSA & ASSOCIATES INC  
7345 W SAND LAKE RD  
STE 304  
ORLANDO, FL 32819 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            TOCCI AMARAL, CAMILA  
Address        7656 WHISPER WAY, #102  
City-State-Zip: REUNION FL 34747

Title            AMBR  
Name            LOPES DO AMARAL, GUILHERME  
Address        7656 WHISPER WAY, #102  
City-State-Zip: REUNION FL 34747

Title            AMBR  
Name            ALVAREZ RODRIGUES, FABIANA  
Address        7656 WHISPER WAY, #102  
City-State-Zip: REUNION FL 34747

Title            AMBR  
Name            RODRIGUES DOS SANTOS, GABRIEL  
Address        7656 WHISPER WAY, #102  
City-State-Zip: REUNION FL 34747

*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:** TOCCI AMARAL , CAMILA

AMBR

05/01/2019

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

\_\_\_\_\_  
Date