#### 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.

MANAGER

SIGNATURE: INVESTOR TWO LLC

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: FLORE CAPITAL MANAGEMENT LLC

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

435 21ST ST CU4 MIAMI BEACH, FL 33139

## **Current Mailing Address:**

DOCUMENT# L16000147510

P.O. BOX 191862 MIAMI BEACH, FL 33119 US

#### FEI Number: 81-3523240

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

INVESTOR TWO LLC 435 21ST ST #CU4 MIAMI BEACH, FL 33139 US

FILED Mar 06, 2018 Secretary of State

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	INVESTOR TWO LLC	Name	PARLAVECCHIA, ANTONIO
Address	P.O. BOX 191862	Address	435 21ST ST CU4 MIAMI BEACH FL 33139
City-State-Zip:	MIAMI BEACH FL 33119	City-State-Zip:	

Date

03/06/2018

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