

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000016319

**Entity Name:** TWO SCENTS LLC

**Current Principal Place of Business:**

317 NW 10TH TERRACE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

317 NW 10TH TERRACE  
APT UPH2  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 81-5244456

**Certificate of Status Desired:** Yes

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

MYARA, JAKE  
150 SUNNY ISLES BLVD  
APT UPH2  
SUNNY ISLES BEACH, FL 33160 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           MANAGING MEMBER  
Name           MYARA, JAKE  
Address        150 SUNNY ISLES BLVD  
                  APT UPH2  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** JAKE MYARA

**MANAGING MEMBER**

**04/04/2019**

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

\_\_\_\_\_  
Date