

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000063022

**Entity Name:** 2ND HOME, LLC

**Current Principal Place of Business:**

1945 CR 419  
SUITE 1141-201  
OVIEDO, FL 32766

**Current Mailing Address:**

1945 CR 419  
SUITE 1141-201  
OVIEDO, FL 32766

**FEI Number:** 82-0967759

**Certificate of Status Desired:** No

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

TORRES, JOSE  
1945 CR 419  
SUITE 1141-201  
OVIEDO, FL 32766 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            AR  
Name            TORRES, JOSE  
Address        1945 CR 419 SUITE 1141-201  
City-State-Zip: OVIEDO FL 32766

Title            AR  
Name            TORRES, AMY  
Address        1945 CR 419 SUITE 1141-201  
City-State-Zip: OVIEDO FL 32766

*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:** AMY TORRES

**OWNER**

**04/09/2019**

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

\_\_\_\_\_  
Date