

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000075436

**Entity Name:** ALL MAN 2 LLC

**Current Principal Place of Business:**

1250 NE 125TH ST  
APT 304 APT 304  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1250 NE 125TH ST  
APT 304 APT 304  
NORTH MIAMI, FL 33161 US

**FEI Number:** 61-1845573

**Certificate of Status Desired:** No

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

ALMANDOZ, HECTOR F SR  
1250 NE 125TH ST  
APT 304 APT 304  
NORTH MIAMI, FL 33161 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            ALMANDOZ, HECTOR FABIAN  
Address        1250 NE 125TH ST  
                  APT 304 APT 304  
City-State-Zip: NORTH MIAMI FL 33161

*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:** HECTOR FABIAN ALMANDOZ

HFA

02/03/2024

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

\_\_\_\_\_  
Date