

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000205540

**Entity Name:** LUXYRISE 2 LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-3434988

**Certificate of Status Desired:** No

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

BARED, PABLO R ESQ.  
201 ALHAMBRA CIRCLE  
501  
CORAL GABLES, FL 33134 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           MANAGER  
Name           JUNQUERA FERNANDEZ, ANGEL  
Address        201 ALHAMBRA CIRCLE  
                  501  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           JUNQUERA FERNANDEZ, MAURICIO  
Address        201 ALHAMBRA CIRCLE  
                  501  
City-State-Zip: CORAL GABLES FL 33134

Title           MANAGER  
Name           JUNQUERA FERNANDEZ, TAMARA  
Address        201 ALHAMBRA CIRCLE  
                  501  
City-State-Zip: CORAL GABLES FL 33134

*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:** JUNQUERA FERNANDEZ , ANGEL

**MANAGER**

**04/04/2024**

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

\_\_\_\_\_  
Date