

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000193896

Entity Name: GTFOM2, LLC

Current Principal Place of Business:

7045 NW 22 STREET
GAINESVILLE, FL 32653

Current Mailing Address:

7045 NW 22 STREET
GAINESVILLE, FL 32653 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PUTZ, LUCAS
15000 SW 179 ST
MIAMI, FL 33187 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 PUTZ, LUCAS
Address 7045 NW 22 STREET
City-State-Zip: GAINESVILLE FL 32653

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: LUCAS PUTZ

MGR

01/22/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date