

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000290653

Entity Name: 2BSMDY, LLC

Current Principal Place of Business:

4869 S. ATLANTIC AVE
PONCE INLET, FL 32127

Current Mailing Address:

PO BOX 1270
CLARKESVILLE, GA 30523

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NATIONS, MANICHANH
4869 S. ATLANTIC AVE
PONCE INLET, FL 32127 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 MGR
Name LOVELL, CAROL O
Address PO BOX 1270
City-State-Zip: CLARKESVILLE GA 30523

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: CAROL LOVELL

MANAGER

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date