

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000272888

**Entity Name:** 2126 GROUP, LLC**Current Principal Place of Business:**17107 N BAY RD  
APT 211  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**17107 N BAY RD  
APT 211  
SUNNY ISLES BEACH, FL 33160 US**FEI Number:** 84-3753626**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MEDONE SPARROW, ALAN  
17107 N BAY RD  
APT 211  
SUNNY ISLES BEACH, FL 33160 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:** ALAN MEDONE SPARROW

01/10/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                            |
|-----------------|----------------------------|
| Title           | MGR                        |
| Name            | MEDONE SPARROW, ALAN       |
| Address         | 17107 N BAY RD<br>APT 211  |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

|                 |                            |
|-----------------|----------------------------|
| Title           | DIRECTOR                   |
| Name            | SPARROW, ANDREA            |
| Address         | 17107 N BAY RD<br>APT 211  |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

|                 |                                |
|-----------------|--------------------------------|
| Title           | MGR                            |
| Name            | TRICHILO, JOSE GABRIEL         |
| Address         | 444 BRICKELL AVENUE, SUITE 828 |
| City-State-Zip: | MIAMI FL 33131                 |

|                 |                            |
|-----------------|----------------------------|
| Title           | DIRECTOR                   |
| Name            | MEDONE, JOSE               |
| Address         | 17107 N BAY RD<br>APT 211  |
| City-State-Zip: | SUNNY ISLES BEACH FL 33160 |

*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:** ALAN MEDONE SPARROW

MGR

01/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date