

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000119819

Entity Name: TWO5FIVE GROUP, LLC**Current Principal Place of Business:**5409 WILES RD
108
COCONUT CREEK, FL 33073**Current Mailing Address:**5409 WILES RD
108
COCONUT CREEK, FL 33073 US**FEI Number:** 85-1482620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSEPH, KIMEKA K
400 NE 3RD AVE
1501
FT LAUDERDALE, FL 33301 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 ISSAC, LAILAH C
Address 5409 WILES RD, APT 108
City-State-Zip: COCONUT CREEK FL 33073Title MGR
Name JOSEPH, KIMEKA K
Address 400 NE 3RD AVE, APT 1501
City-State-Zip: FT LAUDERDALE FL 33301Title MGR
Name JOSEPH, ROODY
Address 400 NE 3RD AVE, APT 1501
City-State-Zip: FT LAUDERDALE FL 33301Title MGR
Name ROBINSON, ROBERT D
Address 450 NE 5TH ST, UNIT 429
City-State-Zip: FT LAUDERDALE FL 33301Title MGR
Name WATKINS, KELLY CAMARA
Address 450 NE 5TH ST, UNIT 429
City-State-Zip: FT LAUDERDALE FL 33301

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: KELLY CAMARA WATKINS

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date