

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000169032

**Entity Name:** 2D HEMISPHERE LLC

**Current Principal Place of Business:**

1840 W 49 ST,  
SUITE 308  
HIALEAH, FL 33012

**Current Mailing Address:**

1840 W 49 ST,  
SUITE 308  
HIALEAH, FL 33012 US

**FEI Number:** 85-1582909

**Certificate of Status Desired:** No

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

RALIP HERNANDEZ PA  
1840 W 49 ST  
SUITE 308  
HIALEAH, FL 33012 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 HERNANDEZ, RALIP  
Address 1840 W 49TH ST  
SUITE 308  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name DE LA CRUZ, HUMBERTO  
Address 1840 W 49TH ST SUITE 308  
City-State-Zip: HIALEAH FL 33012

Title MGR  
Name REYES, JESUS MIGUEL  
Address 8520 NW 139TH TERR  
UNIT 1610  
City-State-Zip: MIAMI LAKES FL 33016

Title MGR  
Name HERNANDEZ, SAHARAI  
Address 8520 NW 139TH TERR  
UNIT 1610  
City-State-Zip: MIAMI LAKES FL 33016

*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:** RALIP HERNANDEZ

**MANAGER**

**03/29/2023**

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

\_\_\_\_\_  
Date