

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000191442

**Entity Name:** 2209 NE 2ND ST LLC**Current Principal Place of Business:**907 NE 25TH AVE  
POMPANO BEACH, FL 33062**Current Mailing Address:**907 NE 25TH AVE  
POMPANO BEACH, FL 33062 US**FEI Number:** 85-2046160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOYLE, WILLIAM S III  
907 NE 25TH AVE  
POMPANO BEACH, FL 33062 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            | BOYLE, WILLIAM S III   |
| Address         | 907 NE 25TH AVE        |
| City-State-Zip: | POMPANO BEACH FL 33062 |

|                 |                        |
|-----------------|------------------------|
| Title           | MGR                    |
| Name            | MATTOS, ANA C          |
| Address         | 907 NE 25TH AVE        |
| City-State-Zip: | POMPANO BEACH FL 33062 |

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | RUNNEBAUM, DAVID     |
| Address         | 3400 DOCKSIDE DR     |
| City-State-Zip: | COOPER CITY FL 33026 |

*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:** WILLIAM S BOYLE III

MGR

01/30/2022

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