

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000273753

Entity Name: 2 FATHOMS LLC

Current Principal Place of Business:

7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 US

FEI Number: 85-3981513

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH STREET NORTH
SUITE 300
ST. PETERSBURG, FL 33702 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 1 FATHOM LLC
Address 7901 4TH ST N, STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title MANAGER
Name WILSON, JOEL
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

Title AUTHORIZED MEMBER
Name 1197 MBAR LLC
Address 30 N GOULD ST
STE R
City-State-Zip: SHERIDAN WY 82801

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: JOEL WILSON

MANAGER

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date