2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL F	REPORT

DOCUMENT# L21000182371

Entity Name: LINCHESTER REALTY 2, LLC

Current Principal Place of Business:

401 E. LAS OLAS BLVD STE 1400 FORT LAUDERDALE, FL 33301

Current Mailing Address:

401 E. LAS OLAS BLVD STE 1400 FORT LAUDERDALE, FL 33301 US

FEI Number: 87-4770283

Name and Address of Current Registered Agent:

SCHERMER, STEVEN J 401 E. LAS BLVD STE 1400 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.

The above named	i entity submits this statement for the purpose of changing its	registered office or regis	tered agent, or both, in the State of Fig	orida.
SIGNATURE	STEVEN SCHERMER			04/05/2024
	Electronic Signature of Registered Agent			Date
Authorized I	Person(s) Detail :			
Title	MANAGER	Title	VP	
Name	SILVERMAN, BARRY MR.	Name	SILVERMNA, JUDY	
	2801 NE 208 TERRACE SUITE 102	Address	2801 NE 208TH TERR STE 102	2
		City-State-Zip:	AVENTURA FL 33180	
City-State-Zip:	AVENTURA FL 33180			
Title	VP	Title	VP	
		Name	SILVERMAN, LAURIE KAREN	
Name	SILVERMAN BIANCO, RONNI	A data a a		
	2801 N.E. 208TH TERRACE SUITE 102	Address	2801 NE 208TH TERR STE 102	2
		City-State-Zip:	AVENTURA FL 33180	

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

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: BARRY J SILVERMAN MD

City-State-Zip: AVENTURA, FL FL 33180

MANAGER

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 05, 2024 Secretary of State 3371267997CC

Certificate of Status Desired: No