

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000388284

**Entity Name:** MINT CENTER 2 LLC

**Current Principal Place of Business:**

3113 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD  
OFFICE 901  
CORAL GABLES, FL 33134 UN

**FEI Number:** 87-2437720

**Certificate of Status Desired:** No

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

CHRISTIANSEN, MARIA PAULA  
488 NE 18TH STREET  
SUITE 4400  
MIAMI, FL 33132 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 CHRISTIANSEN, MARIA PAULA  
Address 488 NE 18TH STREET SUITE 4400  
City-State-Zip: MIAMI FL 33132

*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:** CHRISTIANSEN , MARIA PAULA

**MANAGER**

**05/01/2022**

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

\_\_\_\_\_  
Date