

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000458278

Entity Name: RUBY CUBED TWO LLC**Current Principal Place of Business:**2739 CELESTIAL DR
WOODBIDGE, VA 22191**Current Mailing Address:**2739 CELESTIAL DR
WOODBIDGE, VA 22191 US**FEI Number:** 87-3670433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELL, MELANIE
325 S BISCAYNE BLVD APT 1615
MIAMI, FL 33131 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	AMBR
Name	BELL, MELANIE
Address	2739 CELESTIAL DR
City-State-Zip:	WOODBIDGE VA 22191

Title	AMBR
Name	BELL, KEVIN
Address	2739 CELESTIAL DR
City-State-Zip:	WOODBIDGE VA 22191

Title	AMBR
Name	REVELL, TRACY
Address	16417 REGATTA LN
City-State-Zip:	WOODBIDGE VA 22191

Title	AMBR
Name	REVELL, JAMES
Address	16417 REGATTA LN
City-State-Zip:	WOODBIDGE VA 22191

Title	AMBR
Name	MASON, JACINTA
Address	25302 ARROWROOT TER
City-State-Zip:	CHANTILLY VA 20152

Title	AMBR
Name	MASON, MARGBE
Address	25302 ARROWROOT TERRACE
City-State-Zip:	CHANTILLY VA 20152

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: MELANIE BELL**PRESIDENT****02/02/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date