

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000303087

**Entity Name:** STRONG ARMS TWO, LLC

**Current Principal Place of Business:**

700 W LANTANA RD  
LANTANA, FL 33462

**Current Mailing Address:**

408 S E STREET  
LAKE WORTH BEACH, FL 33460

**FEI Number:** 88-3122627

**Certificate of Status Desired:** No

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

MALEGA, SARAH C  
408 S E STREET  
LAKE WORTH BEACH, FL 33460 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 CFO  
Name MALEGA, SARAH C  
Address 408 S E STREET  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title COO  
Name MALEGA, DAWN A  
Address 408 S E STREET  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title MANAGER  
Name BISH, JACQUELINE C  
Address 408 S E STREET  
City-State-Zip: LAKE WORTH BEACH FL 33460

Title AUTHORIZED REPRESENTATIVE  
Name VOYAGES, KIMON  
Address 408 S E STREET  
City-State-Zip: LAKE WORTH BEACH FL 33460

*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:** SARAH MALEGA

CFO

03/27/2024

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

\_\_\_\_\_ Date