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. 02/23/2023 SIGNATURE: MARIO A. ROMINE AUTHORIZED

Electronic Signature of Registered Agent Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	JACQUELYN SOFFER	Name	ROMINE, MARIO
Address	19501 BISCAYNE BOULEVARD SUITE 400	Address	19501 BISCAYNE BOULEVARD SUITE 400
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180
Title	AUTHORIZED REPRESENTATIVE		
Name	MERALI, ALY-KHAN		
Address	19501 BISCAYNE BOULEVARD SUITE 400		
City-State-Zip:	AVENTURA FL 33180		

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.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

SIGNATURE:

19501 BISCAYNE BOULEVARD SUITE 400 AVENTURA, FL 33180 US

AVENTURA, FL 33180

DOCUMENT# L22000422523

Entity Name: PARCEL U/SR-1 TRUST 2.0, LLC

Current Principal Place of Business:

19501 BISCAYNE BOULEVARD SUITE 400

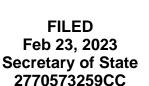
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Current Mailing Address:

FEI Number: 88-4133751

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail



Date

Date

REPRESENTATIVE