

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000483076

Entity Name: COWP TWO LLC

Current Principal Place of Business:

5600 SW 135 AVE., STE 106R
MIAMI, FL 33183

Current Mailing Address:

5600 SW 135 AVE., STE 106R
MIAMI, FL 33183 US

FEI Number: 93-4139951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEST KENDALL REGISTERED AGENTS,INC
5600 SW 135 AVE., STE 106R
MIAMI, FL 33183 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: GABRIEL S DIAZ-SARMIENTO

04/23/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FAISAL JACOBO CURE-ORFALE
Address 5600 SW 135 AVE., STE 106R
City-State-Zip: MIAMI FL 33183

Title MGRM
Name ITAMARA MILAGRO GARCIA-COHEN
Address 5600 SW 135 AVE., STE 106R
City-State-Zip: MIAMI FL 33183

Title MGRM
Name ARLENE DOMINGUEZ-MERCADO
Address 5600 SW 135 AVE., STE 106R
City-State-Zip: MIAMI FL 33183

Title MGRM
Name CARLOS ALBERTO OSORIO-CHACON
Address 5600 SW 135 AVE., STE 106R
City-State-Zip: MIAMI FL 33183

Title MGRM
Name AURA LUCIA MUNO-BALLESTEROS
Address 5600 SW 135 AVE., STE 106R
City-State-Zip: MIAMI FL 33183

Title MGRM
Name CURE-DAU, DAVID
Address 5600 SW 135 AVE., STE 106R
City-State-Zip: MIAMI FL 33183

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: FAISAL J CURE GARCIA

MGRM

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date