## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L9400000008

Entity Name: M. G. LARRK TWO, L.C.

**Current Principal Place of Business:** 

201 ALHAMBRA CIRCLE **SUITE 514** 

CORAL GABLES, FL 33134

## **Current Mailing Address:**

201 ALHAMBRA CIRCLE **SUITE 514** CORAL GABLES, FL 33134 US

FEI Number: 65-0568689 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KRONGOLD, M. RONALD 201 ALHAMBRA CIRCLE SUITE 514 CORAL GABLES, FL 33134 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

**FILED** Apr 17, 2014

**Secretary of State** 

CC3563150847

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

Name KRONGOLD, M. RONALD Name KRONGOLD, GLENDA 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE Address Address

SUITE 514 SUITE 514

City-State-Zip:

CORAL GABLES FL 33134

Title **MGRM** 

City-State-Zip:

Name KRONGOLD, RANDI M Address

201 ALHAMBRA CIRCLE

CORAL GABLES FL 33134

SUITE 514

City-State-Zip: CORAL GABLES FL 33134

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.

Electronic Signature of Signing Authorized Person(s) Detail