## 2019 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

## 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

# Authorized Person(s) Detail -

Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	KRONGOLD, M. RONALD	Name	KRONGOLD, GLENDA
Address	201 ALHAMBRA CIRCLE SUITE 514	Address	201 ALHAMBRA CIRCLE SUITE 514
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	MGRM		
Name	KRONGOLD, RANDI M		
Address	201 ALHAMBRA CIRCLE 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.

## SIGNATURE: KRONGOLD, M.RONALD

MGR

04/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date