

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000089440

Entity Name: 2 OG MANAGEMENT, INC.

Current Principal Place of Business:

8144 OKEECHOBEE BLVD.
SUITE B
WEST PALM BEACH, FL 33411

Current Mailing Address:

8144 OKEECHOBEE BLVD.
SUITE B
WEST PALM BEACH, FL 33411 US

FEI Number: 83-2382169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLOYD, TARA
8144 OKEECHOBEE BLVD.
SUITE B
WEST PALM BEACH, FL 33411 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: TARA FLOYD

01/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SCHICKEDANZ, WALDEMAR
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title D
Name SCHICKEDANZ, GERHARD H
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title P
Name SCHICKEDANZ, WALDEMAR
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title S
Name SCHICKEDANZ, GERHARD H
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title T
Name SCHICKEDANZ, GERHARD H
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR
Name SCHICKEDANZ, KURT
Address 8144 B OKEECHOBEE BLVD.
City-State-Zip: WEST PALM BEACH FL 33411

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALDEMAR SCHICKEDANZ

D

01/17/2024

Electronic Signature of Signing Officer/Director Detail

Date