

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000018615

Entity Name: MYREALTY 2 LLC

Current Principal Place of Business:

10630 N 56TH ST
212
TEMPLE TERRACE, FL 33617

Current Mailing Address:

PO BOX 263541
TAMPA, FL 33685

FEI Number: 26-2248987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALLOON, STEPHANIE
8316 W FOREST CIR.
TAMPA, FL 33615 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

Authorized Person(s) Detail :

Title MGR
Name FALLOON, STEPHANIE
Address P.O. BOX 263541
City-State-Zip: TAMPA FL 33685

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: STEPHANIE FALLOON

PRESIDENT

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date