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 em

SIGNATURE: JUAN PORTUGAL

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MACEDO, JAVIER G 454 NE 23 ST 4 MIAMI, FL 33137 US

Title

Name

Address

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.

Title

Name

Address

City-State-Zip:

MGR

FORNO, DAVID

MIAMI FL 33137

454 NE 23 STREET, # 4

FEI Number: 99-0378039

DOCUMENT# L12000077223

Entity Name: BISCAYNE TWO LLC

Current Principal Place of Business:

454 NE 23 STREET 4 MIAMI, FL 33137

Current Mailing Address:

454 NE 23 STREET 4 MIAMI, FL 33137 US

SIGNATURE: JAVIER MACEDO

Authorized Person(s) Detail :

MGR

City-State-Zip: MIAMI FL 33137

PORTUGAL, JUAN

454 NE 23 STREET, # 4

that report to the and abound o and that my cloud onlo signature of
ompany or the receiver or trustee empowered to execute this repor
npowered.

MANAGER

Certificate of Status Desired: No

FILED Apr 20, 2023 Secretary of State 4822793683CC

> 04/20/2023 Date

04/20/2023 Date