

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000124563

**Entity Name:** VX - PLATFORM TWO, LLC

**Current Principal Place of Business:**

2415 WEST SUNSET DRIVE  
TAMPA, FL 33629

**Current Mailing Address:**

2415 WEST SUNSET DRIVE  
TMAPA, FL 33629

**FEI Number:** 46-3564779

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAMPERA, ERNEST  
2415 WEST SUNSET DRIVE  
TAMPA, FL 33629 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           | MANAGER                    | Title           | MANAGER                    |
| Name            | POLLOCK JR, GEORGE         | Name            | OLSEN, KEITH               |
| Address         | 1501 W CLEVELAND ST<br>302 | Address         | 1501 W CLEVELAND ST<br>302 |
| City-State-Zip: | TAMPA FL 33606             | City-State-Zip: | TAMPA FL 33606             |
|                 |                            |                 |                            |
| Title           | MANAGER                    | Title           | MANAGER                    |
| Name            | SAMPERA, ERNEST            | Name            | MARASHI, ALI               |
| Address         | 2415 W SUNSET DRIVE        | Address         | 1501 W CLEVELAND ST        |
| City-State-Zip: | TAMPA FL 33629             | City-State-Zip: | TAMPA FL 33606             |

*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:** GEORGE POLLOCK JR

**MANAGER**

**04/18/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date