

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000126899

**Entity Name:** 2MINIKNO, LLC

**Current Principal Place of Business:**

2045 TROPIC BAY CT.  
ORLANDO, FL 32807

**Current Mailing Address:**

2045 TROPIC BAY CT.  
ORLANDO, FL 32807 US

**FEI Number:** 46-3624951

**Certificate of Status Desired:** No

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

KALAF, RAFAEL R  
2045 TROPIC BAY CT.  
ORLANDO, FL 32807 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           MGM  
Name           KALAF, RAFAEL R  
Address        2045 TROPIC BAY CT.  
City-State-Zip: ORLANDO FL 32807

*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:** RAFAEL KALAF

MGM

03/12/2021

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

\_\_\_\_\_ Date