

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000019376

**Entity Name:** KPI-2, LLC

**Current Principal Place of Business:**

550 SOUTH ANDREWS AVENUE  
SUITE 410  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

550 SOUTH ANDREWS AVENUE  
SUITE 410  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 46-5407822

**Certificate of Status Desired:** No

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

MURPHY, WILLIAM M  
550 SOUTH ANDREWS AVENUE  
SUITE 410  
FORT LAUDERDALE, FL 33301 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 MURPHY, WILLIAM M  
Address 550 SOUTH ANDREWS AVENUE  
SUITE 410  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name FORMAN, M. AUSTIN  
Address 888 SE 3RD AVENUE, SUITE 501  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name BERGERON, RONALD M SR.  
Address 19612 SW 69TH PLACE  
City-State-Zip: PEMBROKE PINES FL 33332

*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:** WILLIAM M MURPHY

**MANAGER**

**04/25/2024**

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

\_\_\_\_\_  
Date