

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000208345

**Entity Name:** B & B 2 LLC

**Current Principal Place of Business:**

19604 DINNER KEY DRIVE  
BOCA RATON, FL 33498

**Current Mailing Address:**

19604 DINNER KEY DRIVE  
BOCA RATON, FL 33498 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BICKEL, RONEN  
19604 DINNER KEY DRIVE  
BOCA RATON, FL 33498 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 AMBR  
Name BICKEL, RONEN  
Address 19604 DINNER KEY DRIVE  
City-State-Zip: BOCA RATON FL 33498

Title AMBR  
Name BENJOSEPH, AVRAHAM  
Address 23293 BOCA CHICA CIRCLE  
City-State-Zip: BOCA RATON FL 33453

Title AMBR  
Name BENJOSEPH, SUSAN E  
Address 23293 BOCA CHICA CIRCLE  
City-State-Zip: BOCA RATON FL 33453

Title MBR  
Name BICKELIM FAMILY REVOCABLE TRUST  
Address 19604 DINNER KEY DRIVE  
City-State-Zip: BOCA RATON FL 33498

*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:** RONEN BICKEL

**OWNER**

**02/01/2021**

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

\_\_\_\_\_  
Date