

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000235791

**Entity Name:** LMFLORIDA2 LLC

**Current Principal Place of Business:**

1540 BROADWAY  
FORT MYERS, FL 33901

**Current Mailing Address:**

6900 DANIELS PARKWAY  
SUITE 29-228  
FORT MYERS, FL 33912 US

**FEI Number:** 83-2208690

**Certificate of Status Desired:** No

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

DEL FONDO, FLORENCE  
4619 SW 25TH PL  
CAPE CORAL, FL 33914 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 MD2F LLC  
Address 6900 DANIELS PARKWAY  
City-State-Zip: FORT MYERS FL 33912

Title AMBR  
Name DEL FONDO, JEAN PIERRE  
Address 4619 SW 25TH PL  
City-State-Zip: CAPE CORAL FL 33914

Title MGR  
Name DANTEN, FLORENCE  
Address 4619 SW 25TH PL  
City-State-Zip: CAPE CORAL FL 33914

*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:** FLORENCE DEL FONDO

**MANAGER**

**04/19/2022**

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

\_\_\_\_\_  
Date