

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000157805

**Entity Name:** 2X BEVERAGE LLC

**Current Principal Place of Business:**

101 PINE AVENUE  
ANNA MARIA, FL 34216

**Current Mailing Address:**

PO BOX 1478  
ANNA MARIA, FL 34216

**FEI Number:** 85-1345012

**Certificate of Status Desired:** No

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

WOLFE, CHUCK  
101 PINE AVENUE  
ANNA MARIA, FL 34216 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                 | Title           | AMBR                  |
| Name            | CHILES, EDWARD      | Name            | LAROCHE, RICHARD F    |
| Address         | 101 PINE AVENUE     | Address         | 2103 SHANNON DRIVE    |
| City-State-Zip: | ANNA MARIA FL 34216 | City-State-Zip: | MURFREESBORO TN 37219 |

*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:** RICHARD LAROCHE

MEMBER

04/07/2021

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

\_\_\_\_\_  
Date