

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000411808

**Entity Name:** 2 COLLEGE BROTHERS FRANCHISING SYSTEMS LLC

**Current Principal Place of Business:**

4701 ACLINE DR EAST  
275  
TAMPA, FL 33605

**Current Mailing Address:**

4701 ACLINE DR EAST  
275  
TAMPA, FL 33605 US

**FEI Number:** 87-2706821

**Certificate of Status Desired:** No

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

SWIKLE, WADE L  
3125 MOORINGS DR S  
ST PETERSBURG, FL 33712 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:** WADE SWIKLE

04/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SWIKLE, WADE L  
Address 3125 MOORINGS DR S  
City-State-Zip: ST PETERSBURG 33712

*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:** WADE SWIKLE

MGR

04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date