

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000456918

**Entity Name:** 2LS ENTERPRISES, LLC

**Current Principal Place of Business:**

899 NW 214 STREET  
#201  
MIAMI, FL 33169

**FILED**  
**Apr 21, 2022**  
**Secretary of State**  
**7683052401CC**

**Current Mailing Address:**

899 NW 214 STREET  
#201  
MIAMI, FL 33169

**FEI Number:** 87-3179155

**Certificate of Status Desired:** No

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

WILLIAMS, SHARONDRA  
899 NW 214 STREET  
#201  
MIAMI, FL 33169 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            WILLIAMS, SHARONDRA M  
Address        899 NW 214 STREET #201  
City-State-Zip: MIAMI FL 33169

Title            AMBR  
Name            CAMON, LEWIS  
Address        899 NW 214 STREET #201  
City-State-Zip: MIAMI FL 33169

*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:** SHARONDRA WILLIAMS

AMBR

04/21/2022

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

\_\_\_\_\_  
Date