

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000415117

**Entity Name:** 2EMS LLC

**Current Principal Place of Business:**

3520 W ROGERS AVE  
TAMPA, FL 33611

**Current Mailing Address:**

3520 W ROGERS AVE  
TAMPA, FL 33611 US

**FEI Number:** 88-4148805

**Certificate of Status Desired:** No

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

LEONE DE MORAIS, MARCOS A.  
3520 W ROGERS AVE  
TAMPA, FL 33611 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	Title	AMBR
Name	LEONE DE MORAIS, MARCOS A.	Name	VIEIRA SILVA, DANIEL
Address	3520 W ROGERS AVE	Address	3520 W ROGERS AVE
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	TAMPA FL 33611

*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:** MARCOS A. LEONE DE MORAIS

AMBR

07/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date