

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000004475

**Entity Name:** DTS 2MC OFFICE LLC

**Current Principal Place of Business:**

700 NW 1ST AVENUE  
SUITE 1620  
MIAMI, FL 33136

**Current Mailing Address:**

700 NW 1ST AVENUE  
SUITE 1620  
MIAMI, FL 33136 US

**FEI Number:** 35-2561642

**Certificate of Status Desired:** No

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

COBB, KOLLEEN O.P.  
700 NW 1ST AVENUE  
SUITE 1620  
MIAMI, FL 33136 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	VP, SECRETARY	Title	VP, TREASURER, ASST. SECRETARY
Name	COBB, KOLLEEN O.P.	Name	GODOY, JUAN
Address	700 NW 1ST AVENUE SUITE 1620	Address	700 NW 1ST AVENUE SUITE 1620
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	VP		
Name	ANDERSON, MAURICIO H		
Address	700 NW 1ST AVENUE SUITE 1620		
City-State-Zip:	MIAMI FL 33136		

*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:** KOLLEEN O.P. COBB

**VICE PRESIDENT**

**05/01/2021**

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

\_\_\_\_\_  
Date