

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000044448

**Entity Name:** SV2, LLC

**Current Principal Place of Business:**

8110 S.W. 43RD PLACE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

13522 NW 9TH ROAD  
NEWBERRY, FL 32669 US

**FEI Number:** 20-4775689

**Certificate of Status Desired:** No

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

BOVAY, COOK & OSSI, P.A.  
901 N.W. 57TH STREET  
GAINESVILLE, FL 32605 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           | TREASURER         |
| Name            | FOSTER, FRANK D      | Name            | SMOCK, ANDREW DR. |
| Address         | 8110 SW 43RD PL      | Address         | 13522 NW 9TH ROAD |
| City-State-Zip: | GAINESVILLE FL 32608 | City-State-Zip: | NEWBERRY FL 32669 |

*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:** ANDREW SMOCK

**TREASURER**

**03/09/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date