

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000005036

**Entity Name:** ALPINE TWO LLC

**Current Principal Place of Business:**

6750 N. ANDREWS AVE  
SUITE 2109  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6750 N. ANDREWS AVE  
SUITE 2109  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

LOVING, JACK R. ESQ.  
1323 SE THIRD AVENUE  
FORT LAUDERDALE, FL 33316 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:** JACK R. LOVING, ESQ.

04/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name BALOCCO, JOSEPH M. SR.  
Address 1323 SE THIRD AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name LOVING, JACK R. ESQ.  
Address 1323 SE THIRD AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title MGR  
Name STORCH, ANDREW  
Address 6750 N. ANDREWS AVE., SUITE 2109  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** JACK R. LOVING, ESQ.

MRG.

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date