

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000263728

**Entity Name:** ALVAR 2 LLC

**Current Principal Place of Business:**

883 PICKERING PATH  
THE VILLAGES, FL 32163

**Current Mailing Address:**

883 PICKERING PATH  
THE VILLAGES, FL 32163 US

**FEI Number:** 84-3648934

**Certificate of Status Desired:** No

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

ALCORN, MICHAEL A  
883 PICKERING PATH  
THE VILLAGES, FL 32163-3012 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  
Name ALVAREZ, MARIA E  
Address 883 PICKERING PATH  
City-State-Zip: THE VILLAGES FL 32163

Title MGR  
Name ALVAREZ DE FERREYRA, VIRGINIA I  
Address 883 PICKERING PATH  
City-State-Zip: THE VILLAGES FL 32163

Title AP  
Name ALCORN, MICHAEL  
Address 883 PICKERING PATH  
City-State-Zip: THE VILLAGES FL 32163

*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:** MICHAEL ALCORN

AP

03/18/2020

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

\_\_\_\_\_  
Date