

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000292002

**Entity Name:** BHX2 LLC

**Current Principal Place of Business:**

21791 N. RIVER RD.  
ALVA, FL 33920

**Current Mailing Address:**

21791 N. RIVER RD.  
ALVA, FL 33920 US

**FEI Number:** 84-4490635

**Certificate of Status Desired:** No

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

LACROIX, MINETTE  
12050 SUMMERGATE CIR.  
C-102  
FORT MYERS, FL 33913 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 LACROIX, MINETTE  
Address 12050 SUMMERGATE CIR., C-102  
City-State-Zip: FORT MYERS FL 33913

Title MGRM  
Name MOORHEAD, CRAIG  
Address 21791 N. RIVER RD.  
City-State-Zip: ALVA FL 33920

Title MGRM  
Name FUSCARDO, LEAH  
Address 1848 LAFAYETTE ST.  
City-State-Zip: FORT MYERS FL 33901

*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:** CRAIG MOORHEAD

MGRM

01/31/2020

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

\_\_\_\_\_  
Date