## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000183644

Entity Name: P66 VILLA 2, LLC

**Current Principal Place of Business:** 

6900 TAVISTOCK LAKES BLVD STE 200

ORLANDO, FL 32827

**Current Mailing Address:** 

6900 TAVISTOCK LAKES BLVD STE 200 ORLANDO. FL 32827

FEI Number: 88-2396677 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Mar 10, 2023

**Secretary of State** 

2965274522CC

Authorized Person(s) Detail:

Title P Title VP

Name COLLIN, T CRAIG Name THAKKAR, RASESH

Address 6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP Title VPT

Name BEUCHER, NICHOLAS FIII Name BYRNES, DANIEL

Address 6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VPS Title VP

Name RENCORET, MICHELLE R Name WEAVER, BENJAMIN A

Address 6900 TAVISTOCK LAKES BLVD STE Address 6900 TAVISTOCK LAKES BLVD STE

200

City-State-Zip: ORLANDO FL 32827 City-State-Zip: ORLANDO FL 32827

Title VP

Name GANDOLFO, CHRISTOPHER

Address 6900 TAVISTOCK LAKES BLVD STE

200

200

City-State-Zip: ORLANDO FL 32827

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: BENJAMIN A. WEAVER VICE PRESIDENT 03/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date