

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044132

Entity Name: ALVA 270 INVESTORS, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

6111 BROKEN SOUND PARKWAY NW, STE. 200  
BOCA RATON, FL 33487

## **New Principal Place of Business:**

6111 BROKEN SOUND PARKWAY NW, STE. 200  
BOCA RATON, FL 33487 US

## **Current Mailing Address:**

6111 BROKEN SOUND PARKWAY NW, STE. 200  
BOCA RATON, FL 33487

## **New Mailing Address:**

6111 BROKEN SOUND PARKWAY NW, STE. 200  
BOCA RATON, FL 33487 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ASSOCIATED CORPORATE SERVICES, LLC  
6111 BROKEN SOUND PARKWAY NW, STE. 200  
BOCA RATON, FL 33487 US

## **Name and Address of New Registered Agent:**

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

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALVA 76, LLC  
Address: 6111 BROKEN SOUND PARKWAY NW, STE. 200  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAN KASKEL

MGR

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date