

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000025581

**Entity Name:** FAR 2, LLC

**Current Principal Place of Business:**

201 E LAS OLAS BLVD,  
SUITE 1900  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

PO BOX 39000  
FORT LAUDERDALE, FL 39000-9000 US

**FEI Number:** 32-0403755

**Certificate of Status Desired:** No

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

STEARNS WEAVER MILLER PA  
STEARNS WEAVER MILLER PA  
150 FLAGLER STREET SUITE 2200  
MIAMI, FL 33130 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:** ALISON MILLER

03/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR, EVP, TREASURER  
Name SHEPPARD, BRETT  
Address 201 E LAS OLAS BLVD,  
SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR, PRESIDENT  
Name WISE, SETH M  
Address 201 E LAS OLAS BLVD,  
SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP  
Name KOVACIC, BLAZ  
Address 201 E LAS OLAS BLVD,  
SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP  
Name MERAN, ANDREW  
Address 201 E LAS OLAS BLVD,  
SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

Title SECRETARY  
Name DRAPOS, LINDA M  
Address 201 E LAS OLAS BLVD,  
SUITE 1900  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** BRETT SHEPPARD

EVP/TREASURER

03/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date