

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000210975

Entity Name: ALBEV 2 LLC**Current Principal Place of Business:**7751 KINGSPONTE PKWY
SUITE 119
ORLANDO, FL 32819**Current Mailing Address:**7751 KINGSPONTE PKWY
SUITE 119
ORLANDO, FL 32819 US**FEI Number:** 36-4852473**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOREIRA DE SOUZA NETO, ALFREDO
4328 ACORN CT
DAVENPORT, FL 32837 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:** ALFREDO MOREIRA DE SOUZA NETO

02/25/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-------------------------------------|
| Title | AMBR |
| Name | MOREIRA DE SOUZA NETO, ALFREDO |
| Address | 4328 ACORN CT |
| City-State-Zip: | DAVENPORT FL 32837 |
| Title | AMBR |
| Name | MOREIRA SOUZA COELHO, MARIA BEATRIZ |
| Address | 4328 ACORN CT |
| City-State-Zip: | DAVENPORT FL 32837 |

| | |
|-----------------|----------------------------------|
| Title | AMBR |
| Name | MOREIRA DE SOUZA, VERA CONCEICAO |
| Address | 4328 ACORN CT |
| City-State-Zip: | DAVENPORT FL 32837 |

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: ALFREDO MOREIRA DE SOUZA NETO

AMBR

02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date