

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000124185

**Entity Name:** 209 SW, LLC

**Current Principal Place of Business:**

33 COUNTRY ROAD  
VILLAGE OF GOLF , FL 33436

**Current Mailing Address:**

33 COUNTRY ROAD  
VILLAGE OF GOLF , FL 33436 US

**FEI Number:** 46-1103963

**Certificate of Status Desired:** No

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

SCHINDLBECK, LORI B  
33 COUNTRY ROAD  
VILLAGE OF GOLF , FL 33436 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 MGRM  
Name SCHINDLBECK, LORI B  
Address 33 COUNTRY ROAD  
City-State-Zip: VILLAGE OF GOLF FL 33436

Title MANAGER  
Name SCHINDLBECK, TED JASON  
Address 33 COUNTRY ROAD  
City-State-Zip: VILLAGE OF GOLF FL 33436

*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:** LORI B SCHINDLBECK

**MGRM**

**06/30/2020**

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

\_\_\_\_\_  
Date