

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000011563

Entity Name: 20909 VISTA CAY AT HARBOR SQUARE, LLC

Current Principal Place of Business:

283 NEEDLES TRAIL
LONGWOOD, FL 32779

Current Mailing Address:

283 NEEDLES TRAIL
LONGWOOD, FL 32779

FEI Number: 01-0865734

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHROTH, ROBERT
283 NEEDLES TRAIL
LONGWOOD, FL 32779 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 MGR
Name SCHROTH, ROBERT
Address 283 NEEDLES TRAIL
City-State-Zip: LONGWOOD FL 32779

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: ROBERT SCHROTH

SECY

02/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date