

**2023 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

MGR

03/10/2023

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

\_\_\_\_\_ Date