

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000036493

**Entity Name:** CAVES AT LAKE TORGE, LLC

**Current Principal Place of Business:**

14931 A AND W BULB RD  
FORT MYERS, FL 33908

**Current Mailing Address:**

14931 A AND W BULB RD  
FORT MYERS, FL 33908 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

PLF REGISTERED AGENT, L.L.C.  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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                   | Title           | MGR                   |
| Name            | ALLAN, SCOTT          | Name            | TORGERSON, TOM        |
| Address         | 14931 A AND W BULB RD | Address         | 14931 A AND W BULB RD |
| City-State-Zip: | FORT MYERS FL 33908   | City-State-Zip: | FORT MYERS FL 33908   |

*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:** SCOTT ALLAN

**OWNER**

**01/05/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date