

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000197527

Entity Name: ATWATER APARTMENTS PHASE TWO, LLC**Current Principal Place of Business:**16554 CROSSINGS BLVD #4
CLERMONT, FL 34714**Current Mailing Address:**16554 CROSSINGS BLVD #4
CLERMONT, FL 34714 US**FEI Number:** 81-4960375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAGAN, JEFFREY
16554 CAGAN CROSSINGS BLVD
SUITE 4
CLERMONT, FL 34714 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:** JEFFREY CAGAN

03/20/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name CAGAN, JEFFREY
Address 16554 CROSSINGS BLVD #4
City-State-Zip: CLERMONT FL 34714

Title MBR
Name BRYAN CAGAN, AS GRANTOR FOR
BZC REVOCABLE TRUST
Address 16554 CAGAN CROSSING BLVD STE 4
City-State-Zip: CLERMONT FL 34714

Title MBR
Name FALESE, ROBERT
Address 16554 CAGAN CROSSING BLVD STE 4
City-State-Zip: CLERMONT FL 34714

Title MBR
Name CAGAN, ROBYN
Address 16554 CROSSINGS BLVD #4
City-State-Zip: CLERMONT FL 34714

Title MGRM
Name TAVARES EQUITY INVESTORS
PHASE TWO, LLC
Address 16554 CAGAN CROSSING BLVD STE 4
City-State-Zip: CLERMONT FL 34714

Title MBR
Name JOSEPH M. GOTTESMAN AS
TRUSTEE OF THE JOSEPH M.
GOTTESMAN REVOCABLE TRUST
DATED JULY 2, 2019
Address 16554 CAGAN CROSSING BLVD STE 4
City-State-Zip: CLERMONT FL 34714

Title MBR
Name MICHAEL DANIELS, MMD FAMILY
LIMITED PARTNERSHIP
Address 16554 CAGAN CROSSING BLVD STE 4
City-State-Zip: CLERMONT FL 34714

Title MBR
Name WILLIAM J. DEAS SELF-DIRECTED
TRADITIONAL IRA THE PREFERRED
LEGACY TRUST COMPANY,
CUSTODIAN
Address 16554 CROSSINGS BLVD #4
City-State-Zip: CLERMONT FL 34714

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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: JEFFREY CAGAN

MGR

03/20/2023

Authorized Person(s) Detail Continued :

Title MBR
Name ROBERT M. HICKEY, LIVING TRUST
Address 16554 CROSSINGS BLVD #4
City-State-Zip: CLERMONT FL 34714