

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000197224

**Entity Name:** 6060-OWNERS GROUP, LLC

**Current Principal Place of Business:**

120 PIPER BLVD.  
PORT ORANGE, FL 32128

**Current Mailing Address:**

P O BOX 415730  
MIAMI BEACH, FL 33141 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ELDER, GREGORY R  
2300 NW CORPORATE BLVD  
FIRST FLOOR STE 215  
BOCA RATON, FL 33431 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 OPERATIONS MANAGER  
Name LANTIGUA, SILVERIO  
Address P O BOX 415730  
City-State-Zip: MIAMI BEACH FL 33141

Title VP  
Name SCHECHER, JR, RICHARD J  
Address P O BOX 415730  
City-State-Zip: MIAMI BEACH FL 33141

Title MANAGING MEMBER  
Name SCHECHER, SR, RICHARD J  
Address P O BOX 415730  
City-State-Zip: MIAMI BEACH FL 33141

Title PRINCIPAL SHAREHOLDER  
Name SCHECHER, SR, RICHARD J  
Address P O BOX 415730  
City-State-Zip: MIAMI BEACH FL 33141

Title SECRETARY-TREASURER  
Name PATRLJA, LISA  
Address P O BOX 415730  
City-State-Zip: MIAMI BEACH FL 33141

*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:** LISA PATRLJA

ST

03/17/2020

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

\_\_\_\_\_  
Date