2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2023
Secretary of State
1659683482CC

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Entity Name: GOLFVIEW PLAZA CENTER, LLC

Current Principal Place of Business:

505 PARK AVE NORTH #213
WNTER PARK, FL 32789

Current Mailing Address:

505 PARK AVE NORTH #213
WNTER PARK, FL 32789 US

FEI Number: 87-1129447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, ROBIN R
505 PARK AVE NORTH #213
WNTER PARK, FL 32789 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	ROBERTS, WAYNE P
Address	505 PARK AVE NORTH #213
City-State-Zip:	WNTER PARK FL 32789

Title	MGR
Name	ROBERTS, ROBIN R
Address	505 PARK AVE NORTH #213
City-State-Zip:	WNTER PARK FL 32789

Title	MGR
Name	ROBERTS JR., WILLIAM H
Address	505 PARK AVE NORTH #213
City-State-Zip:	WNTER PARK FL 32789

Title	MGR
Name	ROBERTS, MARY S
Address	505 PARK AVE NORTH #213
City-State-Zip:	WNTER PARK FL 32789

Title	AUTHORIZED REPRESENTATIVE
Name	MOEGE, NATALIA
Address	505 PARK AVE NORTH #213
City-State-Zip:	WNTER PARK FL 32789

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: NATALIA MOEGE — AUTHORIZED REPRESENTATIVE — 04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date