

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000193926

**Entity Name:** 2060 S BAY ST LLC

**Current Principal Place of Business:**

644 N WEKIVA SPRIGS RD  
APOPKA, FL 32712

**Current Mailing Address:**

644 N WEKIVA SPRIGS RD  
APOPKA, FL 32712 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ACCOUNTING CENTER OF ORLANDO LLC  
1706 E SEMORAN BLVD STE 103  
APOPKA, FL 32703 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 RODRIGUEZ, DEIRE I  
Address 644 N WEKIVA SPRIGS RD  
City-State-Zip: APOPKA FL 32712

Title MGR  
Name RODRIGUEZ, MARTIN JR  
Address 644 N WEKIVA SPRIGS RD  
City-State-Zip: APOPKA FL 32712

Title MGR  
Name RODRIGUEZ, ALEJANDRO  
Address 644 N WEKIVA SPRIGS RD  
City-State-Zip: APOPKA FL 32712

*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:** MARTIN RODRIGUEZ

MGR

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date