

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078789

Entity Name: RICHLAND IRVINE, INC.**Current Principal Place of Business:**3161 MICHELSON DR
SUITE 425
IRVINE, CA 92612**Current Mailing Address:**400 N ASHLEY DR.
SUITE 1750
TAMPA, FL 33602 US**FEI Number:** 65-0534142**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEMONS, DAWN
400 N ASHLEY DR.
SUITE 1750
TAMPA, FL 33602 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**Officer/Director Detail :**

Title	PD	Title	VPST
Name	BRAY, JOHN H	Name	BRAY, MATTHEW J
Address	3161 MICHELSON DR SUITE 425	Address	400 N ASHLEY DR. SUITE 1750
City-State-Zip:	IRVINE CA 92612	City-State-Zip:	TAMPA FL 33602
Title	VPAS	Title	AVAS
Name	TROUTMAN, JOHN C	Name	LEMONS, DAWN M
Address	3161 MICHELSON DR SUITE 425	Address	400 N ASHLEY DR. SUITE 1750
City-State-Zip:	IRVINE CA 92612	City-State-Zip:	TAMPA FL 33602

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN C TROUTMAN

VP

04/24/2023

Electronic Signature of Signing Officer/Director Detail_____
Date