

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015678

Entity Name: RIVERFRONT ASSOCIATES, LLC**Current Principal Place of Business:**344 PABLO TERRACE
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**344 PABLO TERRACE
PONTE VEDRA BEACH, FL 32082 US**FEI Number:** 47-0883793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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 | P |
| Name | BEECKLER, THOMAS F |
| Address | 344 PABLO TERRACE |
| City-State-Zip: | PONTE VEDRA BEACH FL 32082 |

| | |
|-----------------|----------------------------|
| Title | VP |
| Name | HASKEW, RICHARD C |
| Address | 13913 DUVAL ROAD SUITE 200 |
| City-State-Zip: | JACKSONVILLE FL 32218 |

| | |
|-----------------|-------------------|
| Title | VP |
| Name | POON, ENOCH |
| Address | 17814 N US HWY 41 |
| City-State-Zip: | LUTZ FL 33549 |

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: THOMAS F. BEECKLER

PRESIDENT

02/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date