

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000112379

Entity Name: 4 RIVERS SMOKEHOUSE OF JACKSONVILLE LLC**Current Principal Place of Business:**210 N PARK AVE
WINTER PARK, FL 32789**Current Mailing Address:**210 N PARK AVE
WINTER PARK, FL 32789 US**FEI Number:** 46-0970344**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERS, JOHN T
771 PINETREE RD
WINTER 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 | MGRM |
| Name | 4 RIVERS GENESIS FUND LLC |
| Address | 210 N PARK AVE |
| City-State-Zip: | WINTER PARK FL 32789 |

| | |
|-----------------|----------------------|
| Title | MGR |
| Name | RIVERS, JOHN T |
| Address | 210 N PARK AVE |
| City-State-Zip: | WINTER PARK FL 32789 |

| | |
|-----------------|----------------------|
| Title | CFO |
| Name | PERFIDO, JO-ANN |
| Address | 210 N PARK AVE |
| City-State-Zip: | WINTER PARK FL 32789 |

| | |
|-----------------|----------------------|
| Title | OPERATING PARTNER |
| Name | PALERMO, JEFF |
| Address | 210 N PARK AVE |
| City-State-Zip: | WINTER 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: JO-ANN PERFIDO

CFO

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date