

2022 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
210 N PARK AVE
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	BRUCE, JAMES A
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: JAMES BRUCE

CFO

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date