ve named e	entity submits this statement for the purpose of cha	nging its registered office or re	gistered agent, or both, in the State of Flo	orida.	
TURE:	CHRISTOPHER S. HOEFLY			03/2	
	Electronic Signature of Registered Agent				
rized Po	erson(s) Detail :				
I	MANAGER	Title	MANAGER		
I	HOEFLY, CHRISTOPHER S	Name	RIVES HOEFLY, T. NANETTE		

Entity Name: RIVES HOEFLY ML, LLC **Current Principal Place of Business:**

9375 S.E. 110TH STREET ROAD BELLEVIEW, FL 34420

DOCUMENT# L13000102569

Current Mailing Address:

9375 S.E. 110TH STREET ROAD BELLEVIEW. FL 34420 US

FEI Number: 32-0416326

Name and Address of Current Registered Agent:

HOEFLY, CHRISTOPHER S 9375 S.E. 110TH STREET ROAD BELLEVIEW, FL 34420 US

The above

SIGNATURE		03/25/2022					
	Electronic Signature of Registered Agent			Date			
Authorized Person(s) Detail :							
Title	MANAGER	Title	MANAGER				
Name	HOEFLY, CHRISTOPHER S	Name	RIVES HOEFLY, T. NANETTE				
Address	9375 S.E. 110TH STREET ROAD	Address	9375 S.E. 110TH STREET ROAI	D			
City-State-Zip:	BELLEVIEW FL 34420	City-State-Zip:	BELLEVIEW FL 34420				

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: CHRISTOPHER S HOEFLY

MANAGER

03/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Secretary of State 5757559498CC

FILED Mar 25, 2022

Certificate of Status Desired: No

Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT