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

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000102569 Entity Name: RIVES HOEFLY ML, LLC

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

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

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 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

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 ROAD
City-State-Zip:	BELLEVIEW FL 34420	City-State-Zip:	BELLEVIEW FL 34420

MANAGER

Certificate of Status Desired: No

FILED Apr 20, 2019 Secretary of State 9035041630CC

Date

04/20/2019

Date