nereby 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 the is the transfer to the imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; a	

l hei oath that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: T. NANETTE RIVES HOEFLY

MANAGER

04/05/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000102569

Entity Name: RIVES HOEFLY ML, LLC

## **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

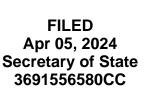
## Name and Address of Current Registered Agent:

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	04/05/2024				
		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	C	
	City-State-Zip:	BELLEVIEW FL 34420	City-State-Zip:	BELLEVIEW FL 34420		

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

Date