

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000179532

Entity Name: RIVERHOUSE SANTA FE LLC

Current Principal Place of Business:

2356 SW SANTA FE DRIVE
FORT WHITE, FL 32038

Current Mailing Address:

1574 WATERS EDGE DRIVE
FLEMING ISLAND, FL 32003 US

FEI Number: 81-1455171

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PROCTOR, JAMES D
1574 WATERS EDGE DRIVE
FLEMING ISLAND, FL 32003 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 MGR
Name PARRISH, GINA L
Address 3939 CEDAR ISLAND ROAD EAST
City-State-Zip: JACKSONVILLE FL 32250

Title MGR
Name PARRISH, VANN A
Address 4112 TIDEVIEW DRIVE
City-State-Zip: JACKSONVILLE FL 32250

Title MGR
Name PARRISH, SUSAN E
Address 112 SEAGRAPE DRIVE
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGR
Name PROCTOR, ANNA MARIA
Address 1574 WATERS EDGE DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR
Name PROCTOR, JAMES D
Address 1574 WATERS EDGE DRIVE
City-State-Zip: FLEMING ISLAND FL 32003

Title MGR
Name PARRISH, NICHOLAS ARLON
Address 112 SEAGRAPE DRIVE
City-State-Zip: JACKSONVILLE, BEACH FL 32250

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: NICHOLAS ARLON PARRISH

MGR

01/19/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date