

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 ARLO
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 ARLO PARRISH**MGR****01/19/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date