

**2022 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:**

112 SEAGRAPE DRIVE  
JACKSONVILLE, FL 32250 US

**FEI Number:** 81-1455171

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PROCTOR, JAMES D  
219 TENTH ST.  
ST.AUGUSTINE, FL 32084 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 219 TENTH ST.  
City-State-Zip: ST.AUGUSTINE FL 32084

Title MGR  
Name PROCTOR, JAMES D  
Address 219 TENTH ST.  
City-State-Zip: ST.AUGUSTINE FL 32084

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 A.PARRISH

**MGR.**

**02/18/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date