

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000142858

**Entity Name:** RIVER SMOKE , LLC

**Current Principal Place of Business:**

9700 W LAKE MARION RD  
HAINES CITY, FL 33844

**Current Mailing Address:**

9700 W LAKE MARION RD  
HAINES CITY, FL 33844 US

**FEI Number:** 83-0860353

**Certificate of Status Desired:** Yes

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

COLLINS, KIMBERLY K  
9700 W LAKE MARION ROAD  
HAINES CITY, FL 33844 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	AR	Title	MANAGER
Name	BOYD, BYRAN C	Name	COLLINS, KIMBERLY KAY
Address	4048 STALLION DRIVE	Address	9700 W LAKE MARION RD
City-State-Zip:	LAKE WALES FL 33898	City-State-Zip:	HAINES CITY FL 33844

*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:** KIMBERLY COLLINS

**MANAGER**

**01/22/2020**

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

\_\_\_\_\_  
Date