

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000142858

**Entity Name:** RIVER SMOKE , LLC

**Current Principal Place of Business:**

2678 CEDARWOOD DRIVE  
LAKE WALES , FL 33898

**Current Mailing Address:**

P O BOX 276  
LAKE HAMILTON , FL 33851 US

**FEI Number:** 83-0860353

**Certificate of Status Desired:** No

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

COLLINS, KIMBERLY K  
2678 CEDARWOOD DRIVE  
LAKE WALES, FL 33898 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         | 2678 CEDARWOOD DRIVE  |
| City-State-Zip: | LAKE WALES FL 33898 | City-State-Zip: | LAKE WALES FL 33898   |

*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

01/31/2022

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

\_\_\_\_\_  
Date