## 2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000161749

Entity Name: 122 RIVER FALLS, LLC

\_\_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_, \_\_\_\_,

**Current Principal Place of Business:** 

12603 SAFE HARBOUR DR CORTEZ, FL 34215

**Current Mailing Address:** 

12603 SAFE HARBOUR DR CORTEZ, FL 34215 US

FEI Number: 47-2590950 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLOYD, WILLIAM H 12603 SAFE HARBOUR DR CORTEZ, FL 34215 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: WILLIAM H LLOYD 12/01/2024

Electronic Signature of Registered Agent

Date

FILED Dec 01, 2024

**Secretary of State** 

0623537380CR

Authorized Person(s) Detail:

Title MGR

Name LLOYD, WILLIAM H

Address 12603 SAFE HARBOUR DR

City-State-Zip: CORTEZ FL 34215

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.

Electronic Signature of Signing Authorized Person(s) Detail