## 2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0600006159

Entity Name: MSKP RIVER BRIDGE, LLC

## **Current Principal Place of Business:**

4500 PGA BOULEVARD SUITE 400 PALM BEACH GARDENS, FL 33418

## **Current Mailing Address:**

4500 PGA BOULEVARD SUITE 400 PALM BEACH GARDENS, FL 33418

# FEI Number: 77-0665631

## Name and Address of Current Registered Agent:

SPEER, GEORGE 4500 PGA BOULEVARD SUITE 400 PALM BEACH GARDENS, FL 33418 US

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Authonized Ferson(s) Detail.				
Title	AUTHORIZED MEMBER	Title	CEO	
Name	KE RETAIL HOLDINGS, INC.	Name	KITSON, SYDNEY W	
Address	4500 PGA BOULEVARD, SUITE 400	Address	4500 PGA BOULEVARD, SUITE 400	
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418	
Title	PRESIDENT	Title	ST	
Name	HOBAN, THOMAS M	Name	SPEER, GEORGE G	
Address	4500 PGA BOULEVARD, SUITE 400	Address	4500 PGA BOULEVARD, SUITE 400	
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418	
Title	VP	Title	VP	
Name	MORALES, MARIA	Name	GEIGER, GLENN C	
Address	4500 PGA BOULEVARD SUITE 400	Address	4500 PGA BOULEVARD SUITE 400	
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418	

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: GEORGE SPEER

REGISTERED AGENT 02/11/2019

Date

Date

Electronic Signature of Signing Authorized Person(s) Detail