

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-11-2003 90549 001 ****50.00

DOCUMENT # L02000033384

1. Entity Name

THREE RIVERS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

607 NE 10th Blvd

Suite, Apt. #, etc.

3. Mailing Address

607 NE 10th Blvd

Suite, Apt. #, etc.

City & State

Williston FL

City & State

Williston FL

4. FEI Number

20-0015661

Applied For

Not Applicable

Zip

32696

Country

USA

Zip

32696

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CORPORATE OPERATIONS

Street Address (P.O. Box Number is Not Acceptable)

941 Fourth St #200

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
LMA 165 W 68B
PO Box 820
Williston FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
John Hiers
607 NE 10th Blvd
Williston FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: John T. Hiers Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/09/03 352-528-6051
Date Daytime Phone #

John T. Hiers

CR2E083B (12/02)