2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067624

Entity Name: FAUSSE RIVIERE, LLC

Current Principal Place of Business:

621 LAKEVIEW ST APT A9 ORLANDO, FL 32804

Current Mailing Address:

621 LAKEVIEW ST APT A9 ORLANDO, FL 32804 US

FEI Number: 20-3116114

Name and Address of Current Registered Agent:

ZINK, WILLIAM P MD 621 LAKEVIEW ST APT A9 ORLANDO, FL 32804 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 P ZINK MD			02/16/2022
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	ZINK, WILLIAM P MD	Name	ZINK, JOAN L	
Address	621 LAKEVIEW ST APT A9	Address	621 LAKEVIEW ST APT A9	
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804	
	Authorized F Title Name Address	Authorized Person(s) Detail : Title MGR Name ZINK, WILLIAM P MD Address 621 LAKEVIEW ST APT A9	Electronic Signature of Registered Agent Authorized Person(s) Detail : Title MGR Title Name ZINK, WILLIAM P MD Name Address 621 LAKEVIEW ST APT A9 Address	Electronic Signature of Registered Agent Authorized Ferson(s) Detail : Title MGR Title MGR Name ZINK, WILLIAM P MD Name ZINK, JOAN L Address 621 LAKEVIEW ST APT A9 Address 621 LAKEVIEW ST APT A9

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: WILLIAM P ZINK MD

MGR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 16, 2022 Secretary of State 7340289789CC

Certificate of Status Desired: No