

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053363

Entity Name: BIG RIVER DEVELOPERS, LLC**Current Principal Place of Business:**515 S. 6TH STREET
MACCLENNY, FL 32063**Current Mailing Address:**515 S. 6TH STREET
MACCLENNY, FL 32063**FEI Number:** 65-1282123**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RHODEN, WILLIAM R
515 S. 6TH STREET
MACCLENNY, FL 32063 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 MGR
Name RHODEN, THOMAS R
Address 515 S. 6TH STREET
City-State-Zip: MACCLENNY FL 32063Title MGR
Name RHODEN, WILLIAM R
Address 515 S. 6TH STREET
City-State-Zip: MACCLENNY FL 32063Title MGR
Name KNABB, TODD
Address 515 S. 6TH STREET
City-State-Zip: MACCLENNY FL 32063Title MGR
Name DORMAN, TOMMY
Address 515 S. 6TH STREET
City-State-Zip: MACCLENNY FL 32063Title MGR
Name CANADAY, JERRI
Address 515 S. 6TH STREET
City-State-Zip: MACCLENNY FL 32063

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 R. RHODEN

MGR

04/17/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date