

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000212933

**Entity Name:** FOX RIVER, LLC

**Current Principal Place of Business:**

2817 VILLAGE GROVE DRIVE NORTH  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

P O BOX 23518  
JACKSONVILLE, FL 32241-3518 US

**FEI Number:** 81-1303649

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD  
SUITE 800  
JACKSONVILLE, FL 32207 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	Title	MGR
Name	CURLEY, R.K.	Name	CURLEY, JANE L
Address	P O BOX 23518	Address	P O BOX 23518
City-State-Zip:	JACKSONVILLE FL 32241-3518	City-State-Zip:	JACKSONVILLE FL 32241-3518

*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:** CURLEY, R.K.

MGR

01/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date