

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000200434

**FILED**  
**Jan 14, 2021**  
**Secretary of State**  
**5532439749CC**

**Entity Name:** AMBAR RIVERVIEW GP, LLC

**Current Principal Place of Business:**

3030 HARTLEY ROAD  
SUITE 310  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3030 HARTLEY ROAD  
SUITE 310  
JACKSONVILLE, FL 32257

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TVC AMBAR, INC.  
3030 HARTLEY ROAD  
SUITE 310  
JACKSONVILLE, FL 32257 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 P  
Name ROOD, JOHN D  
Address 3030 HARTLEY ROAD, SUITE 310  
City-State-Zip: JACKSONVILLE FL 32257

Title VP  
Name MOORE, CLARENCE S  
Address 3030 HARTLEY ROAD, SUITE 310  
City-State-Zip: JACKSONVILLE FL 32257

Title VP  
Name ADAMES, ELENA M  
Address 3030 HARTLEY ROAD, SUITE 310  
City-State-Zip: JACKSONVILLE FL 32257

Title VPST  
Name FLOYD, JASON O  
Address 3030 HARTLEY ROAD, SUITE 310  
City-State-Zip: JACKSONVILLE FL 32257

*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:** JOHN D ROOD

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01/14/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date