## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000098948

**Entity Name: RIVERASM LLC** 

**Current Principal Place of Business:** 

7538 UNIVERSITY BLVD WINTER PARK, FL 32792

**Current Mailing Address:** 

19331 PADDOCK ST ORLANDO, FL 32833 US

FEI Number: 82-1493159 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KCI KEICOR CONSULTING, INC. 815 ORIENTA AVE STE 2020 ALTAMONTE SPRINGS, FL 32701 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: KEITH LEHMANN 04/24/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AMBR** Title AMBR

RIVERA, LUIS Name Name RIVERA, NOEMI Address 19331 PADDOCK ST Address 19331 PADDOCK ST City-State-Zip: ORLANDO FL 32833 City-State-Zip: ORLANDO FL 32833

Title **AUTHORIZED REPRESENTATIVE** KCI KEICOR CONSULTING, INC. Name

Address 815 ORIENTA AVE

STE 2020

City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: KEITH LEHMANN Electronic Signature of Signing Authorized Person(s) Detail

04/24/2024 AM

Date

**FILED** Apr 24, 2024

**Secretary of State** 

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