

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000022134

**Entity Name:** FIRE RIVER 4 EQUESTRIAN LLC

**Current Principal Place of Business:**

515 E. KEYSVILLE ROAD  
PLANT CITY, FL 33567

**Current Mailing Address:**

515 E. KEYSVILLE ROAD  
PLANT CITY, FL 33567 US

**FEI Number:** 83-3372173

**Certificate of Status Desired:** No

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

STARE, CARA  
515 E. KEYSVILLE ROAD  
PLANT CITY, FL 33567 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	AMBR
Name	STARE, CARA	Name	STARE, CARA
Address	515 E. KEYSVILLE ROAD	Address	515 E. KEYSVILLE ROAD
City-State-Zip:	PLANT CITY FL 33567	City-State-Zip:	PLANT CITY FL 33567

*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:** CARA STARE

**MANAGER**

**03/13/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date