

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000200303

**Entity Name:** 14987 RIVERS EDGE CT LLC

**Current Principal Place of Business:**

14987 RIVERS EDGE CT.  
UNIT 137  
FORT MYERS, FL 33908

**Current Mailing Address:**

402 WHITE SPRINGS CT.  
SUITE 103  
PEACHTREE CITY, GA 30269 UN

**FEI Number:** 88-2681200

**Certificate of Status Desired:** No

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

THE NUSSBICKEL LAW FIRM P.A.  
12500 BRANTLEY COMMONS CT.  
SUITE 103  
FORT MYERS, FL 33907 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 DARNELL, GARY  
Address 402 WHITE SPRINGS CT.  
City-State-Zip: PEACHTREE CITY GA 30269

Title MGR  
Name DARNELL, SANDRA  
Address 402 WHITE SPRINGS CT.  
City-State-Zip: PEACHTREE CITY GA 30269

*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:** GARY DARNELL

**MANAGER**

**01/09/2023**

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

\_\_\_\_\_  
Date