

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000315232

**Entity Name:** 4934 TROUT RIVER BLVD, LLC

**Current Principal Place of Business:**

4923 TROUT RIVER BOULEVARD  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

4923 TROUT RIVER BOULEVARD  
JACKSONVILLE, FL 32208 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RICHARD THOMPSON  
4923 TROUT RIVER BOULEVARD  
JACKSONVILLE, FL 32208 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	RICHARD THOMPSON	Name	CLARIECE THOMPSON
Address	4923 TROUT RIVER BOULEVARD	Address	4923 TROUT RIVER BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32208	City-State-Zip:	JACKSONVILLE FL 32208

*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:** CLARIECE THOMPSON

**MGR**

**02/01/2024**

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

\_\_\_\_\_  
Date