

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005801

**Entity Name:** RIVERVIEW OPS, LLC

**Current Principal Place of Business:**

825 NORTHGATE BLVD., STE. 203  
NEW ALBANY, IN 47150

**Current Mailing Address:**

825 NORTHGATE BLVD., STE. 203  
NEW ALBANY, IN 47150 US

**FEI Number: 81-3215047**

**Certificate of Status Desired: No**

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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 RAGAINS, J. CHANCE  
Address 825 NORTHGATE BLVD., STE. 203  
City-State-Zip: NEW ALBANY IN 47150

*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: J. CHANCE RAGAINS**

**MANAGER**

**02/06/2018**

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

\_\_\_\_\_  
Date