

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90270 042 ****50.00

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1. Entity Name

RIVERVIEW INVESTMENTS, LLC



DO NOT WRITE IN THIS SPACE

24025209

2. Principal Place of Business

1819 S. RIVERVIEW DRIVE

3. Mailing Address

1819 S. RIVERVIEW DRIVE

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

4. FEI Number

743033788

Applied For

Not Applicable

Zip

32901

Country

USA

Zip

32901

Country

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAEL HAHLE

Street Address (P.O. Box Number is Not Acceptable)

2220 FRONT STREET, #401

City

MELBOURNE

FL

Zip Code
32901

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

MICHAEL HAHLE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGR	MICHAEL HAHLE	1819 S. RIVERVIEW DRIVE, STE. 101 MELBOURNE, FL 32901				

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

MICHAEL HAHLE, MANAGER

(321) 733-1128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #