

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000059836

**FILED**  
**Oct 17, 2007**  
**Secretary of State**

**Entity Name:** RIVERA FAMILY CHIROPRACTIC CENTER L.L.C.

**Current Principal Place of Business:**

821 DEBARY AVE  
DELTONA, FL 32725

**New Principal Place of Business:**

4918 CAINS WREN TR  
SANFORD, FL 32771

**Current Mailing Address:**

6817 PLUMPJACK CT  
PORT ORANGE, FL 32128

**New Mailing Address:**

4918 CAINS WREN TR  
SANFORD, FL 32771

FEI Number: 20-5024626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KOREY, ROBERT K  
595 W. GRANADA BLVD., SUITE A  
ORMOND BEACH, FL 32174      US

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

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: ROBERT K. KOREY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RIVERA, ALICIA A  
Address: 6817 PLUMPJACK CT.  
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR      ( ) Delete  
Name: RIVERA, OMAR M SR.  
Address: 6817 PLUMPJACK CT  
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: RIVERA, ALICIA A  
Address: 4918 CAINS WREN TR  
City-St-Zip: SANFORD, FL 32771

Title: MGR      (X) Change ( ) Addition  
Name: RIVERA, OMAR M SR.  
Address: 4918 CAINS WREN TR  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: OMAR M. RIVERA

MGR

10/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date