

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059836

FILED
Jan 19, 2010
Secretary of State

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

Current Principal Place of Business:

4918 CAINS WREN TR
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4918 CAINS WREN TR
SANFORD, FL 32771

New Mailing Address:

FEI Number: 20-5024626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEJESUS, HECTOR M
1121 SAXON BLVD
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

GEORGE, TRAVATO
1709 PROVIDENCE BLVD.
DELTONA, FL 32725 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: OMAR M. RIVERA

01/19/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

I hereby 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

01/19/2010

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