

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059836

FILED
Jan 18, 2012
Secretary of State

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

Current Principal Place of Business:

804 FRENCH AVE.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

804 FRENCH AVE.
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:

GEORGE, TRAVATO
1709 PROVIDENCE BLVD.
DELTONA, FL 32725 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RIVERA, ALICIA A
Address: 804 FRENCH AVE.
City-St-Zip: SANFORD, FL 32771

Title: MGR
Name: RIVERA, OMAR M SR.
Address: 804 FRENCH AVE.
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

01/18/2012

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