

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063601

Entity Name: RIVAS INVESTMENT, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

1287 E. NEWPORT CENTER DR
SUITE 211
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1287 E. NEWPORT CENTER DR
SUITE 211
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-5237592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, LIZZETTE
1287 E. NEWPORT CENTER DR
SUITE 211
DEERFIELD BEACH, FL 33442 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: MGRM () Delete
Name: HERNANDEZ, LIZZETTE
Address: 1287 E. NEWPORT CENTER DR SUITE 211
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR () Delete
Name: HERNANDEZ, ANTHONY
Address: 1287 E. NEWPORT CENTER DR
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: MGR () Delete
Name: JACOBY, KERRY
Address: 1287 E. NEWPORT CENTER DR SUITE 211
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LIZZETTE HERNANDEZ

MNGR

03/20/2009

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