

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040570

FILED
May 09, 2009
Secretary of State

Entity Name: VIVA DONUTS OF RIVERVIEW, LLC

Current Principal Place of Business:

7028 U.S. ROUTE 301 SOUTH
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

7028 U.S. ROUTE 301 SOUTH
RIVERVIEW, FL 33569

New Mailing Address:

PO BOX 3355
RIVERVIEW, FL 33568

FEI Number: 32-0247240 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:

NICHOLAS, JOSEPH E ESQ.
C/O NICOLAS, LIPSCOMB & PATRICK, P.A.
1906 NORTH TAMPA STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

DOERR, KENNETH D
1990 MAIN ST.
700
SARASOTA, FL 34236 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: KENNETH D. DOERR

05/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELIMA, RALPH
Address: 7028 U.S. ROUTE 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MR. () Change (X) Addition
Name: DASILVA, ALEX
Address: 15712 FISHHAWK FALLS DRIVE
City-St-Zip: LITHIA, FL 33547

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: ALEX DASILVA

MR.

05/09/2009

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