

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000075918

FILED
Jan 14, 2011
Secretary of State

Entity Name: RIVERA FAMILY CHIROPRACTIC CENTER DELTONA LLC

Current Principal Place of Business:

821 DEBARY AVE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

804 FRENCH AVE.
SANFORD, FL 32771

New Mailing Address:

FEI Number: 80-0627188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROVATO, GEORGE
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, OMAR M SR.
Address: 804 FRENCH AVE
City-St-Zip: SANFORD, FL 32771

Title: MGR
Name: RIVERA, ALICIA A
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

01/14/2011

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