# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 18, 2012**
**Secretary of State**

DOCUMENT# L10000075918

**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 Statues.

SIGNATURE: OMAR M. RIVERA MGR 01/18/2012

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