

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000120060

FILED
Mar 16, 2012
Secretary of State

Entity Name: BAIN DE VIE RIVERVIEW,LLC

Current Principal Place of Business:

10311 CROSS CREEK BLVD.,
SUITE E
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

10311 CROSS CREEK BLVD.,
SUITE E
TAMPA, FL 33647

New Mailing Address:

FEI Number: 45-3656061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIN, TIMOTHY F
10311 CROSS CREEK BLVD
SUITE E
TAMPA, FL 33647 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: BAIN, TIMOTHY F
Address: 10311 CROSS CREEK BLVD,SUITE E
City-St-Zip: TAMPA, FL 33647

Title: MGRM
Name: BAIN FAMILY CHIROPRACTIC INC
Address: 10311 CROSS CREEK BLVD,SUITE E
City-St-Zip: TAMPA, FL 33647

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: TIMOTHY BAIN

MGRM

03/16/2012

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