

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000051336

**Entity Name:** RIVERA'S TRANSMISSION AND AUTO REPAIR LLC

**Current Principal Place of Business:**

325 COMMERCIO STREET  
CLEWISTON, FL 33440

**Current Mailing Address:**

325 COMMERCIO STREET  
CLEWISTON, FL 33440 US

**FEI Number:** 46-3605910

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIVERA, JAIME  
709 PONCE DE LEON AVENUE  
CLEWISTON, FL 33440 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name RIVERA, JAIME  
Address 709 PONCE DE LEON AVENUE  
City-State-Zip: CLEWISTON FL 33440

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAIME RIVERA

**MANAGER**

**01/21/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date