# Electronic Signature of Signing Authorized Person(s) Detail

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000099145

Entity Name: VICTOR RIVERA ASSOCIATES, LLC

#### **Current Principal Place of Business:**

2292 SANTA LUCIA STREET KISSIMMEE, FL 34743

## **Current Mailing Address:**

2292 SANTA LUCIA STREET KISSIMMEE, FL 34743 US

## FEI Number: 65-0996107

### Name and Address of Current Registered Agent:

RIVERA, VICTOR 2292 SANTA LUCIA STREET KISSIMMEE, FL 34743 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

### Authorized Person(s) Detail :

SIGNATURE: VICTOR RIVERA

Title	AMBR	Title	MGR
Name	RIVERA, VICTOR	Name	RIVERA, VICTOR
Address	2292 SANTA LUCIA STREET	Address	2292 SANTA LUCIA STREET
City-State-Zip:	KISSIMMEE FL 34743	City-State-Zip:	KISSIMMEE FL 34743

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.

03/22/2024 Date

FILED Mar 22, 2024 Secretary of State 7153445866CC

Certificate of Status Desired: No

Date