

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000099145

**Entity Name:** VICTOR RIVERA ASSOCIATES, LLC

**Current Principal Place of Business:**

514 POINSETTIA LN.  
KISSIMMEE, FL 34744

**Current Mailing Address:**

514 POINSETTIA LN.  
KISSIMMEE, FL 34744

**FEI Number:** 65-0996107

**Certificate of Status Desired:** Yes

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

RIVERA, VICTOR  
514 POINSETTIA LN.  
KISSIMMEE, FL 34744 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	AMBR	Title	MGR
Name	RIVERA, VICTOR	Name	RIVERA, VICTOR
Address	514 POINSETTIA LN.	Address	514 POINSETTIA LN.
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744

*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:** VICTOR RIVERA

MR.

04/29/2018

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

\_\_\_\_\_  
Date