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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 21 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EAST RIVERSIDE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ETTA KOHL
Name of Person

USA BUSINESS SERVICES, INC.
Firm/Company

1422 SE 8TH AVE
Address

CAPE CORAL, FL. 33990
City/State and Zip Code

EKOHL@USABIZ.BIZ
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ETTA KOHL at (**239**) **214-0282**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers' or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BONNIE HAINES	4641 LAKESIDE CLUB BLVD FT. MYERS, FL 33905	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JEFFERY J. PUTZ	4155 E. RIVERSIDE DR. FORT MYERS, FL 33916-2835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 16, 2010

Jennifer Boulton
Signature of a member or authorized representative of a member

JENNIFER BOULTON
Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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