

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000156304

**FILED**  
**Apr 28, 2021**  
**Secretary of State**  
**2272815675CC**

**Entity Name:** RIVERLAND DEVELOPMENT COMPANY, LLC

**Current Principal Place of Business:**

1600 SAWGRASS CORPORATE PARKWAY, SUITE 400  
SUNRISE, FL 33323

**Current Mailing Address:**

1600 SAWGRASS CORPORATE PARKWAY, SUITE 400  
SUNRISE, FL 33323

**FEI Number:** 30-0889886

**Certificate of Status Desired:** No

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

HELFMAN, STEVEN M  
1600 SAWGRASS CORPORATE PARKWAY, SUITE 400  
SUNRISE, FL 33323 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 P  
Name ELSNER, RICHARD E.  
Address 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400  
City-State-Zip: SUNRISE FL 33323

Title VP, ASST. SECRETARY  
Name FANT, ALAN J.  
Address 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400  
City-State-Zip: SUNRISE FL 33323

Title VP  
Name NORWALK, RICHARD M.  
Address 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400  
City-State-Zip: SUNRISE FL 33323

Title VP, TREASURER  
Name MENENDEZ, N. MARIA  
Address 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400  
City-State-Zip: SUNRISE FL 33323

Title SECRETARY  
Name HELFMAN, STEVEN M.  
Address 1600 SAWGRASS CORPORATE PARKWAY, SUITE 400  
City-State-Zip: SUNRISE FL 33323

*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:** RICHARD M. NORWALK

VP

04/28/2021

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

\_\_\_\_\_  
Date