LD30000/800Z

(Requestor's Name)
(Address)
(Address)
. (City/State/Zip/Phone #)
. (Only Otate/21ph Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Lucinos) Linus, Number
(Document Number)
Certified CopiesCertificates of Status
Special Instructions to Filing Officer:
*

Office Use Only



100154183861

04/30/09--01063--010 **85.00

9 APR 30 AM 8: 44
ECRETARY OF STATE
LLAHASSEE, FLORIDA

Malesign Fleurs 5-5-09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: River Run, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L03000018002
The enclosed Resignation of Registered'Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jesse E. Graham, Jr., Esq. (Name of Person)
Burr & Forman LLP (Name of Firm/Company)
369 N. New York Avenue, 3rd Floor (Address)
Winter Park, Florida 32789 (City/State and Zip Code)
For further information concerning this matter, please call:
Jesse E. Graham, Jr., Esq. at (407) 647-4455 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sect	ion 608.416(2) or 608.509, Florida	Statutes, the undersigned,	
Jesse E. Graham, Jr.	, Esq. Registered Agent)	, hereby resigns as	S PR 3
	-		ES E
Registered Agent for River F	Run, LLC		II W
-			SSEAR
	(Name of Limited Liability Company)		mg = C
			8: 44 STAT FLORI
L03000018002			
(Document Number, if know	n)		D'
A copy of this resignation was ma	ailed to the above listed limited liab	ility company at its last kr	nown address.
The agency is terminated and the	office discontinued on the 31st day	after the date on which th	iis statement is filed.
If signing on behalf of an entity:	(Signatur of Resigning A	gent)	
	(Typed or Printed Name)		
	(Capacity)		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314