

LO4000068808

2005 JUL 19 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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07/19/05--01044--010 \*\*135.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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LAW OFFICES  
**VINCENT J. ALTINO, P.A.**  
SUITE 2800  
2101 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FLORIDA 33309

FILED

2005 JUL 19 AM 11:00  
TELEPHONE (954) 777-5940  
FAX (954) 735-3636  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

March 16, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: New Riviera 816, LLC

Dear Sir or Madam:

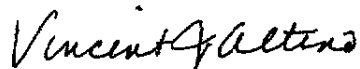
Enclosed herewith please find the following documents for filing in connection with the above limited liability company:

1. Resignation of Andrew L. Martin along with my Trust Account Check No.1529 in the amount of \$25.00 representing filing fee;
2. Resignation of Andrew L. Martin as Registered Agent and Statement of Change along with my Trust Account Check No. 1528 in the amount of \$135.00 representing filing fee;
3. Statement of Change

Please do not hesitate to contact me if you have any questions or need additional information.

Very truly yours,

VINCENT J. ALTINO, P.A.



Vincent J. Altino

VJA:vl  
enc.

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
LIABILITY COMPANY****FILED**

2005 JUL 19 A 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ANDREW L. MARTIN

, hereby resigns as

(Name of Registered Agent)

Registered Agent for NEW RIVIERA 816, LLC

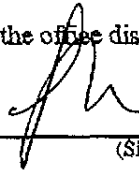
(Name of Limited Liability Company)

L04000068808

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Andrew L. Martin

(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