# 105000040366

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name).  (Document Number)  Certified Copies Certificates of Status		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name).		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name).		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		
(Business Entity Name) (Document Number)		
(Business Entity Name) (Document Number)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
789-707 671		
189-707 671		

Office Use Only

L05-40366



200163116392

12/02/09--01015--007 \*\*35.00

M. THOMAS

JAN 1 2 2010

EXAMINER

### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: RIVER GRAND II, LLC  Name of Limited Liability Company	-	
DOCUMENT NUMBER: 1.05000040366	_	
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee a for filing.	re submitted	
Please return all correspondence concerning this matter to the following:	,	
Luciano Isla, Esq.		
Name of Person		
	2013 EAST	Clariffe
Name of Firm/Company	图為 等	**********
1800 W. 49th Street, Suite 316	2010 JAN 11 PH 12: 51  SECRETARY OF STATE TALL ATTASSEE, FLORIG	
Address	TA R	Ţ
Hialeah FL 33012 City/State and Zip Code	STATE LORIDA	44
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Luciano Isla, Esq. at (305) 556-4268  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 act liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or wit limited liability company.	tive limited thdrawn	

#### **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.



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2009

LUCIANO ISLA ESQ 1800 WEST 49TH STREET, STE 316 HIALEAH, FL 33012

SUBJECT: RIVER GRAND II, LLC. Ref. Number: L05000040366

We have received your document for RIVER GRAND II, LLC. and your cheek(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days-or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II Letter Number: 309A00037009



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2009

LUCIANO ISLA ESQ 1800 WEST 49TH STREET, STE 316 HIALEAH, FL 33012

SUBJECT: RIVER GRAND II, LLC. Ref. Number: L05000040366

We have received your document for RIVER GRAND II, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 309A00037009

Marsha Thomas Regulatory Specialist II 2010 JAN 11 PH 12: 51

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, F	Torida Statutes, the undersigned,
Luciano Isla, Esq.	, hereby resigns as
Name of Registered Agent	
Registered Agent for RIVER GRAND II, LLC.	
Name of Limited Liability Com	pany
L05000040366	
Document Number, if known	
A copy of this resignation was mailed to the above listed limit	ted liability company at its last known address.
The agency is terminated and the office discontinued on the 3  Signature of Resignature	- gh
If signing on behalf of an entity:  Lacidado  Typed or Printed Nar  Para SRACO  Capacity	2010 JAN I I PH 12: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEES: \$ 85.00 Active limited \$ 25.00 Administrative withdrawn limited	d liability company vely dissolved/ voluntarily dissolved/ mited liability company

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