

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

150-00

DOCUMENT # L05000098717

1. Entity Name  
THE RIVERSIDE GROUP, LLC



FILED

2007 DEC 18 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1494 BLUFF ROAD  
APALACHICOLA, FL 32320

Mailing Address  
PO BOX 11  
APALACHICOLA, FL 32329

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10082007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

74-3180773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, SAMMY L JR  
1494 BLUFF ROAD  
APALACHICOLA, FL 32320

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/5/07

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THOMPSON, SAMMY L JR	
STREET ADDRESS	PO BOX 11	
CITY-ST-ZIP	APALACHICOLA, FL 32329	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THOMPSON, SAMMY L SR	
STREET ADDRESS	PO BOX 863	
CITY-ST-ZIP	APALACHICOLA, FL 32329	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THOMPSON, BEVERLY S	
STREET ADDRESS	1494 BLUFF ROAD	
CITY-ST-ZIP	APALACHICOLA, FL 32320	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400113044214	
CITY-ST-ZIP	12/11/07--01046--004 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

OR D19

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

850-1053-8745