

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90085 001 ***416.25

DOCUMENT # L05000107204

1. Entity Name
RIVIERA SEVILLA, LLC



Principal Place of Business
500 S DIXIE HWY STE 307
CORAL GABLES, FL 33146 US

Mailing Address
1390 SOUTH DIXIE HIGHWAY
1105
CORAL GABLES, FL 33146 US

30005954



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

3. Mailing Address

500 S. Dixie Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 307

City & State

City & State

Coral Gables, FL.

02252008

Chg-LLC

CR2E083 (12/06)

Zip

Country

Zip

33146

Country

U.S.A.

4. FEI Number

20-4148233

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

WHITE, HAROLD D
500 S DIXIE HWY STE 307
CORAL GABLES, FL 33146

Name

McBride, Brian

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

500 S. Dixie Hwy.

Suite 307

City

Coral Gables

FL

Zip Code

33146

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.

Brian McBride

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WHITE, HAROLD D
STREET ADDRESS 500 S DIXIE HWY STE 307
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MCBRIDE, BRIAN A
STREET ADDRESS 500 S DIXIE HWY STE 307
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SKINNER, TRUMAN A
STREET ADDRESS 500 S DIXIE HWY STE 307
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Brian A. McBride

Date

3/7/08

305-740-5799

Daytime Phone #