

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90148 037 ****50.00

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02092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000034333 1. Entity Name 862 RIVIERA COMPANY, LLC					
Principal Place of Business 862 WEST 13TH COURT RIVIERA BEACH, FL 33404			Mailing Address 862 WEST 13TH COURT RIVIERA BEACH, FL 33404		
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		
6. Name and Address of Current Registered Agent WIDDOWS, JAY R 862 WEST 13TH COURT RIVIERA BEACH, FL 33404				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>MGRM WIDDOWS, JAY R 862 WEST 13TH COURT RIVIERA BEACH, FL 33404</small> <input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<small>MGRM WIDDOWS, EDWIN J 862 WEST 13TH COURT RIVIERA BEACH, FL 33404</small> <input type="checkbox"/> Delete		<small>TITLE NAME STREET ADDRESS CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			2/20/07 561 842 1701		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		