LOL00065153

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	BM
Resign		
0	Office Use On	ly



400080304014

10/02/06--01016--026 **55.00



COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: RIVERSIDE PROPERTIES, LLC	C ·	
	ited Liability Comp	pany)
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing	Member or Ma	mager and fee(s) are submitted for filing.
-		
Please return all correspondence concerning this r	natter to the 101	nowing:
Stephanie Weatherford		
(Name of Person)		<u>-</u>
Home & Ranch Real Estate Company		_
(Firm/Company)		
825 E Cowboy Way #105		
(Address)		_
		*
LaBelle FL 33935		_
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Stephanie Weatherford	at (863	612-0000
(Name of Person)		& Daytime Telephone Number)
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations	Division of Corporations	
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
Enclosed is a check for the following amount:		
\$25 Filing Fee	✓\$55 Filing Fee &	
		Certified Copy
CR2E079 (8/05)		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Stephanie Weatherford	, hereby resign as Manager		
	(Title)		
of RIVERSIDE PROPERTIES, LLC			
(Limited	Liability Company)		
a limited liability company organized under	the laws of the State of Florida		
and affirm that the limited liability company has been notified in writing of the resignation.			

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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