# L07000007350

(Requ	uestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Addr	ess)	
nbbA)	ess)	
(City/	State/Zip/Phone	#)
PICK-UP	WAIT '	MAIL
(Busii	ness Entity Nam	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
· · · · · · · · · · · · · · · · · · ·		

Office Use Only



400105096814

07/09/07--01022--009 \*\*35.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

ÅL



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2007

GUILLERMO NAVARRETE 6921 NW 81 CT. TAMARAC, FL 33321

SUBJECT: RIVERSTONE ACCEPTANCE LLC

Ref. Number: L07000007350

We have received your document for RIVERSTONE ACCEPTANCE TEC and your check(s) totaling \$35.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 605days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 207A00044188

#### **COVER LETTER**

SURIFCT: Riverstone Acceptance LLC (Name of Limited Liability Company)  The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Goilleamo Navagete  (Contact Person)  Riverstone Acceptance LCC LAMANCE 24  (Firm/Company)  G921 Nw &1 Ct  (City/State and Zip Code)  For further information concerning this matter, please call:  Goilleamo Navagete at (954) 303 3229  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$255 Filing Fee \$555 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to:    Coilleand   Navagete	SUBJECT: RIVERSTONE ACCO	eptance LLC.
Contact Person)  RIVERSTONE Acceptance LCC LLAHASSRY 24 TO STATE T	The enclosed member, managing member or manager resi	
RIVERSTONE Acceptance LCC LARRY AND RESTORY OF Firm/Company)  6921 NW & Ct City/State and Zip Code)  For further information concerning this matter, please call:  6921 Nava accete at 954 303 3229 (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\frac{1}{2}\$\$ \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, Florida 32301	Please return all correspondence concerning this matter to	):
Collegue	Coulleans Navaget (Contact Person)	<u>e</u>
(City/State and Zip Code)  For further information concerning this matter, please call:  Guille Rwo Nava exete at (954) 303 3229  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301		₹
Tamarac FC 33321  (City/State and Zip Code)  For further information concerning this matter, please call:  Guille Rwo Navaruete at 454 303 3229  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$  Certified Copy  STREET/COURIER ADDRESS:  Registration Section Registration Section  Division of Corporations  Clifton Building P.O. Box 6327  Tallahassee, Florida 32301	6921 Nw 81 Ct	— EOF D
Guille Rwo Nava avete at (454) 303 3229  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$555 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327  2661 Executive Center Circle Tallahassee, Florida 32314	Tamarac FC 33321 (City/State and Zip Code)	S I L
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Certified Copy  MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301	For further information concerning this matter, please call	l:
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  STREET/COURIER ADDRESS: Registration Fee & Certified Copy  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Guillermo Navaruete at (954) (Name of Contact Person) (Area Cod	( ) 303 3229 . de & Daytime Telephone Number)
Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327  2661 Executive Center Circle Tallahassee, Florida 32301	\$25 Filing Fee	\$55 Filing Fee &
	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations P.O. Box 6327



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as RIVERSTONE			
-	ility company was organized	under the laws of:	2001 JUL 24 SECRETARY TALLAHASSES	
	ument/registration number of	<u>o</u> .	A & OF STA	
4. I, <u>Goill</u> (Print N	enmo Navaree lame of Person Resigning)	<u>1e</u> , hereby resign as a	. FG RM (Print Title)	<del></del>
of this limited lial resignation in wr	bility company and affirm the	e limited liability company l	nas been notified o	f my
	( Now			
Signature of Resi	gning Member Managing M	ember or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			