

L09000078271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

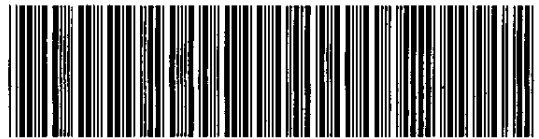
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600159052966

08/31/09--01032--026 **25.00

FILED
09 AUG 31 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. O'Connell SEP - 1 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Riverland Village Townhomes, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip C. Rosen

Name of Person

Bloomgarden, Goudreau & Rosen, P.A.

Firm/Company

8551 W. Sunrise Blvd., Suite 208

Address

Fort Lauderdale, FL 33322

City/State and Zip Code

pcrosen@lawbgr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip C. Rosen

Name of Person

at (954)

370-2222

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
09 AUG 31 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

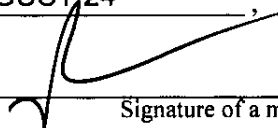
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEF RESCH	1326 SE 17 STREET SUITE 278 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SVEN MULLER-THURAU	1326 SE 17 STREET SUITE 278 FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	NANCY GENTRY	612 SW 6TH STREET FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
 09 AUG 31 AM 11:14
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Dated AUGUST 24, 2009



 Signature of a member or authorized representative of a member

PHILIP C. ROSEN

 Typed or printed name of signee