## 1190000 45772

(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



100325415741

U3/U4/19--01021--801 \*\*30.00

2019:13:4 21 MM 9: 117

Hatement of Hith.

MAR 22 2019 I ALBRITTON

## COVER LETTER

Division of	Corporations		
CHD IECT.	RIVIERA MAYA I	NVESTMENTS,	LLC
SUBJECT:	Name of I	Limited Liability Com	pany
Dear Sir or Madam:			
The enclosed Staten	ent of Authority and fee(s) ar	e submitted for filing.	
Please return all cor	respondence concerning this n	natter to the following	:
Mark G. Turner	r, Esquire		
	Name of Person		
Straughn & Tur	rner, P.A.		
	Firm/Company		
255 Magnolia A	Avenue, Southwest		
<del></del>	Address		
Winter Haven,	Florida 33880		
Ci	ty/State and Zip Code		
adam@linnema	anlawncare.com		
E-mail add	ress: (to be used for future and	nual report notification	1)
For further informat	ion concerning this matter, ple	ease call:	
Mark Turner or	Debby Babcock	863	293-1184
.Na	ime of Person	Area Code	Daytime Telephone Number
Registration Division of Clifton Bui	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

TO:

Registration Section



March 11, 2019

STRAUGHN & TURNER, P.A. % MARK G. TURNER 255 MAGNOLIA AVE SW WINTER HAVEN, FL 33880-2902

SUBJECT: RIVIERA MAYA INVESTMENTS, LLC

Ref. Number: L19000045772

We have received your document for RIVIERA MAYA INVESTMENTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the document is \$25.00 and \$30.00 for the certified copy, totaling \$55.00.

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 119A00004886

Irene Albritton Regulatory Specialist II

MAR 21 PM 19.1

SECRETAIN STATES 19

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Fauthority:	lorida Statutes, this l	imited liability o	ompany submits the follow	wing statement of
FIRST: The name of the limited	liability company is:	RIVIERA	MAYA INVESTME	NTS, LLC
SECOND: The Florida Documen	t Number of the limit	ted liability com	pany is:_L1900004577	······································
THIRD: The street address of the 3012 White Orchid		npany's principa	office is:	_
Kissimmee, Florida			<del></del>	2019/13/22
The mailing address of P.O. Box 415	-	ompany's princi		
Columbia, Illinois 6	2026			ڡ
				٠, . <del>- ا</del>
			in the name of the compar HRA LINNEMANN	ny. -
b. No authority	y granted to: N/A			-
			se act for or bind, the comp	- pany. -
b. No authority	y granted to:			-
Adam Lumens	m - Movogen	_	ADAM LINNEMANI	
Signature of authorized representa	tive Filing Fee	e: \$25.00	Typed or printed name of	of signature

Certified Copy: \$30.00 (optional)

CR2E138 (2/14)