

L96000000769

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(Requestor's Name)

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(City/State/Zip/Phone #)

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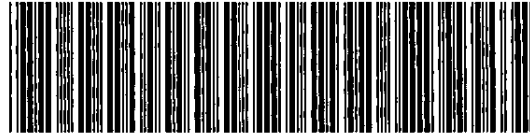
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

FEB 7 2013

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Riverland and Indian Sun, L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L96000000769

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jan L. De Boom, CPA  
Name of Person

Jan L. De Boom, CPA, P.A.  
Name of Firm/Company

PO Box 586  
Address

Wauchula, FL 33873  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jan L. De Boom, CPA at ( 863 ) 767-0888  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2013 FEB -6 AM 8:40  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Jan L. De Boom, hereby resigns as  
Name of Registered Agent

Registered Agent for Riverland and Indian Sun, L.C.

\_\_\_\_\_  
Name of Limited Liability Company

L96000000769  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Jan L. De Boom CPA  
Signature of Resigning Agent

If signing on behalf of an entity:

Jan L. De Boom, CPA  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2013 FEB -6 AM 8:40

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### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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