M0500001741

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| (Eddament Hamber) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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2011 MAR - 8 AN IDV 11 SECRETARY OF STATE TALL AHASSEE FLEETIO

T. CLINE
MAR - 9 2011
EXAMINER



January 28, 2011

JOE SCHAEFER 897 HWY 13 LILYDALE, MN 55118

SUBJECT: RIVIERA MANAGEMENT, LLC

Ref. Number: M05000001761

We have received your document for RIVIERA MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to change the address we will need a letter stating the new address.

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

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 ইরিমা (৪50) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 111A00002428

COVER LETTER

| TO! | Registration Section Division of Corpora | | | |
|----------------|--|--|--|--|
| SUBJE | CCT: | Riviera Name of Limite | Management de Liability Company | LLC |
| | | | · · | , |
| The end | closed Articles of Ame | endment and fee(s) are subm | nitted for filing. | |
| Please | return all corresponder | nce concerning this matter to | o the following: | |
| | _ | Joe | Schaefer Name of Person | |
| | - | Ri | Schaefer Name of Person Vieva Management Firm/Company | + uc |
| | - | 80 | 7 Huy 13 | |
| | _ | Lily | dule MN. SS City/State and Zip Code haef @ Not mail | 5118 |
| | _ | E-mail address: (to | haef a Not mail be used for future annual report notification | l. com |
| For fun | ther information conce | erning this matter, please cal | II: | |
| | Name of Per | e fer | at (<u>651) 335 - 2</u> Area Code & Daytime Tel | 3 4 5 Ephone Number |
| Enclose | ed is a check for the fo | llowing amount: | | |
| □ /\$25 | .00 Filing Fee |]\$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & Certificate 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

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Riviera Management LLC Name of Foreign Limited Liability Company | | | | | |
|---|-----------------------|-------------|--|--|--|
| Name of Foreign Limites Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Affidavit by Foreign Limited Liability Company to Change Managing Member(s) and fee(s) are submitted for filing. | ager(s) or | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Joe Schae fer Name of Person | | | | | |
| Firm/Company 857 Hwy 13 Address | SECRETARY VENEZOSE | 2011 NAR -8 | | | |
| City/State and Zip Code Linschaef @ hotmail - com E-mail address: (to be used for future annual report notification) | E E EXIDA | | | | |
| For further information concerning this matter, please call: Joe Schaefer at (65/) 335-2395 Name of Person Area Code and Daytime Telephone | | | | | |
| Name of Person Area Code and Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Exclosed is a check for the following amount: V\$25 Filing Fee \$30 Filing Fee & \$55.00 Filing Fee & \$60 Filing Fee & Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy CR2E123(8/07) | Status & | | | | |

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

| 1. The name of the limited liability company Department of State is: Riviera M. | y as it appears on the records of the Florida |
|---|---|
| 2. This entity was formed under the laws of | Minnesofa. |
| 3. This entity was authorized to transact bus and its Florida document/registration numbe | iness in Florida on <u>April 5, 2005</u> r is <u>M 050000 1761</u> |
| 4. The name and address of each manager o | r managing member is as follows: |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
| MGRM | Joe Schaefer For |
| MGRM | Jay Salmen Hoyl Mississippi River Bludss St. Paul MN 55105 |
| | 72- |
| | |
| | |
| | |
| Required Signature: | Hanaging Member or Member |

Filing Fee: \$25