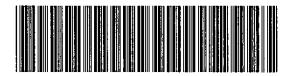
## L17000261375

(Re	equestor's Name)				
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(Address)					
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(Cit	ty/State/Zip/Phone	#)			
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PICK-UP	WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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SECRETARY OF STATE
ANALYSEE, FLORIDA

O SIMMONS
TED 2.7 2003



February 16, 2018

KRYSTLE ELLIS 881 BROOKSIDE AVE MERRITT ISLAND, FL 32952

SUBJECT: RCCA GLOBAL LLC Ref. Number: L17000261375

We have received your document for RCCA GLOBAL LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00003373

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org



February 1, 2018

KRYSTLE ELIIS 881 BROOKSTONE AVE MERRITT ISLAND, FL 32952

SUBJECT: RCCA GLOBAL LLC Ref. Number: L17000261375

We have received your document for RCCA GLOBAL LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 818A00002175

Octavia L Simmons Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Division of C						
SUBJECT:	RCCA Global	LLC lame of Limited Liability	y Company			
Dear Sir or Madam:						
The enclosed Stateme	nt of Correction and fee(s) a	re submitted for filing.				
Please return all corre	spondence concerning this m	natter to the following:				
Krystle	ElliS Name of Person	)	•	:		
_ KLCH	Global LLC Firm/Company			, ''		
881 Brook	$\sim 1 \sim 0$			,		
Mem# Is	Address  Address  FL 324  City/State and Zip Code	152	•			
	Olvements @ gn					
Josh E	on concerning this matter, ple	at (37)	863-2232  Daytime Telephone Number			
STREET/COURIER Registration Section Division of Corporati- Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons er Circle	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following amount:						
\$25 Filing Fee	▼ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	Certificate of Status & Certified Copy FEB 1 5 20	'ED		
CR2E062 (9/15)						

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605.0209, F.S., this me of the limited liabilit	0000	d to correct a previously filed Global LLC	document.			
111151	, the na	me of the inflict habite	, company 13	•				
SECON	ND:	The Florida Document	number of the limited liab	ility company is: <u>L1700</u>	0261375			
THIRD	<u>)</u> :	Document to be correct	eted is:					
6	Ú	CHECK THE APPRO	PRIATE BOX AND COM	IPLETE THE APPLICABLI	STATEMENT			
A		Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected internent are as follows:						
		He AMBR: 1 45He's Name	Ellis , Krystle [ Was accidently					
	1	He AMBR:	Ellis, Joshua J					
	<u>OR</u>			•	<b>≅</b> % <b>6</b>			
	Was d		nanner in which the docume	ent was defectively signed and	the appropriate correction are			
					PAI : 00			
	<u>OR</u>			•				
	The el	ectronic thansmission of	the record was defective.	2/23	lix			
	Signature of Authorized Representative				Date			
		w registered agent, if ap esignation).	plicable :( NOTE: if correc	ting the registered agent, the n	ew registered agent must-sign			
I hereb provision	y acceptions of a tons of the change of the	t the appointment as reg ll statutes relative to the ny position as registered	proper and complete perfo Lagent as provided for in C	oct in this capacity. I further agreemence of my duties, and I am hapter 605, F.S. Or, if this doct that the limited liability compa	familiar with and accept the ument is being filed to merely			
		V	Filing Fee:	\$25.00	RECEIVEN			
		Certified Copy:	Certified Copy:	\$30.00 (optional)	FEB 2 6 Zun			