

L04000057234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

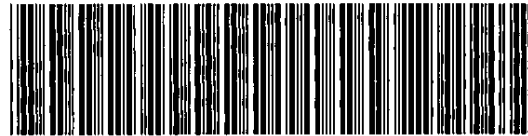
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000184009600

08/27/10--01005--014 \*\*25.00

FILED  
10 AUG 27 PM 1:50  
TALIAHASSEE, FLORIDA  
CLERK OF STATE

S. HAWKES

AUG 30 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R.I.E. MARKETING 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:

MILTON WELLS  
Name of Person

R.I.E. MARKETING LLC  
Firm/Company

335 MADDOCK ST  
Address

WEST PALM BEACH FL 33405  
City/State and Zip Code

REMARKETING 1 P COMCAST. NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILTON WELLS at (954) 415-6326  
Name of Person 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

D.E. MARKETING LLC

Page 1 of 2

FILED  
10AUG 27 PM 1:50  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
ATLANTA, GEORGIA

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          | JAWELLE WIESS | 335 MADDOCK ST<br>W. PALM BEACH FL<br>33405 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              | /             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              | /             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              | /             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              | /             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              | /             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              | /             |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

FILED  
10 AUG 27 PM 1:50  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 8/24/2010

Milt Weiss

Signature of a member or authorized representative of a member

MILTON WIESS

Typed or printed name of signee