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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	<b></b>
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: Rebl	1 Managem	ent L.L.	·
	(Name o	f Limited Liability Co	mpany)
D 0: 14 1			
Dear Sir or Madam:			
The enclosed Articles of	Correction and fee(s) as	re submitted for filing.	
Please return all correspondent	ondence concerning this	matter to the followin	g:
Ms. Nat	asha A. Co	atline	
	(Name of Person)		•
00 1/0/00		116	
- HEDIC IN	(Firm/Company)	h.h.L	-
1521 Me	<u>ridian</u> Ave (Address)	*102	_
	(Address)		
Miami Be	ach FL City/State and Zip Code)	33139	_
(0	City/State and Zip Code)		_
For further information	concerning this matter, p	olease call:	
Natach	C - 8	ু প্রাঞ্জ	013 5171
Natasha (Name	of Person)	at ( <u>1/20</u> (Area Code &	) 863 5271 Daytime Telephone Number)
STREET/COURIER A	DDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations	S		Registration Section Division of Corporations
Clifton Building			P.O. Box 6327
2661 Executive Center C Tallahassee, Florida 323			Tallahassee, Florida 32314
Enclosed is a check for			
	\$30 Filing Fee &	☐ \$55 Filing Fee &	□\$60 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:  Reble Munagement LLC		
SECO	J		
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEMENT	
回	Contains an incorrect statement. The incorrect statement, the reason the state incorrect, and the corrected statement are as follows:  Ecos in filing Cossection	n to be li	
Ū	Natasha Cathine-MGR Natasha Cat	dine-MG	KRM
(2	Gerard Legagneur-MERM PLEASE 1	REMOVE	
(7)	) Kirk Greaves PLEASE	REMOVE	
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed and	
Dated:		08 APR 25 PM	FILED
	Signature of a member or authorized representative of a member  Nota Sha A. Catline  Typed or printed name of signee	H 3: 20	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		