

LOF000044567

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RRP 1, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Monroe

Name of Person

RRP 1, LLC

Firm/Company

1810 Pine Hill Drive

Address

Safety Harbor, FL 34695

City/State and Zip Code

pmonroe@nrev.com

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

For further information concerning this matter, please call:

Peter Monroe

727

643-6303

Name of Person

at ()

Area Code

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (2/14)

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

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: RRP 1, LLC

SECOND: The Florida Document number of the limited liability company is: L08000044567

THIRD: Document to be corrected is:
2011 Limited Liability Company Amended Annual Report

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Incorrect: MGRM: Monroe, Peter; 1810 Pine Hill Drive, Safety Harbor, FL 34695

Reason: Wilherst Company, LLC is the Managing Member. Peter Monroe is not.

Correct: MGRM: Wilherst Company, LLC; 1810 Pine Hill Drive., Safety Harbor, FL **34695**

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC - 2 PM 12:55

FILED

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)