

L13000141769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

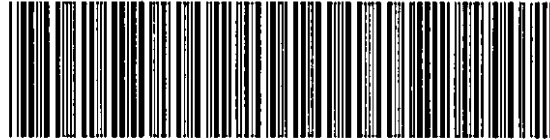
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RER CONSULTING ENTERPRISE, 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:

Ruban Roberts

Name of Person

RER Consulting Enterprise, LLC

Firm/Company

1335 NW 172nd Terr

Address

Miami Gardens, FL 33169

City/State and Zip Code

r.roberts@rer-consulting.com

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

For further information concerning this matter, please call:

Ruban Roberts

305

343-7971

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**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: _____
RER CONSULTING ENTERPRISE, LLC

SECOND: The Florida Document number of the limited liability company is: L13000141769

THIRD: Document to be corrected is: LLC information and LLC Annual Report - Authorized Person Detail

(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:
Authorized Person detail is shown as Kimberly Gray. This reflected Kimberly's maiden name which she continued to
Also, payments made to her based on her banking information provided. She has requested this to now accurately re
Kimberly Gray Roberts. Her position remains the same within the company. Updated listing should reflect: Kimberl

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

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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