

L14 000074475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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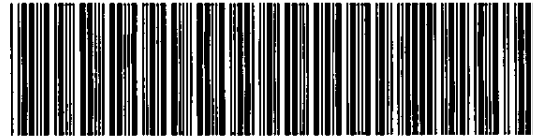
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

↓ Drivers MAY 27 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARENAR ENTERPRISES 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:

REYNALDO BASILA  
Name of Person

ARENAR ENTERPRISES LLC  
Firm/Company

3616 CONINGTON LANE  
Address

LAKELAND, FL 33818  
City/State and Zip Code

REY.BASILAE@MISSIONHOMECARE.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REY BASILA at (813) 355-4804  
Name of Person 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

**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: ARENAR ENTERPRISES  
LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000074475

**THIRD:** Document to be corrected is:  
\_\_\_\_\_

**(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:

The Incorrect spelling for the  
registered agent should be:  
Reynaldo BASILA

Instead of BASTLA. Please change article III,  
& article IV.  
**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.

B. D. A. S.  
Signature of Authorized Representative

5/14/14  
Date

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

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TALLAHASSEE, FLORIDA