

L14000087297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

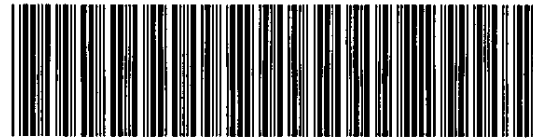
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 14 2014

FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REUNITE, 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:

Paloma Coelho
Name of Person

Santucci Priore, PL
Firm/Company

200 S. Andrews Avenue, Suite 100
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

pcoelho@500law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paloma Coelho at (954) 351-7474
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

CR2E062 (2/14)

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 TALLAHASSEE, FLORIDA

**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: REUNITE, LLC

SECOND: The Florida Document number of the limited liability company is: L14000087297

THIRD: Document to be corrected is:
Articles of Organization

(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 statement is the name of the LLC "Reunite". It was filed incorrectly.

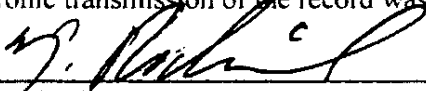
The name of the LLC should be "REUNIGHT, LLC".

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.



6-2-14

Signature of Authorized Representative

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2014

PALOMA COELHO
SANTUCCI PRIORE, PL
200 S. ANDREWS AVENUE, SUITE 100
FT. LAUDERDALE, FL 33301

SUBJECT: REUNITE, LLC
Ref. Number: L14000087297

We have received your document for REUNITE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 414A00013273

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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