## L15000161521

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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations KILFER INVESTMENTS,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: RITA JACKMAN Name of Person **JSR** Firm/Company 4575 VIA ROYALE SUITE 200 Address FORT MYERS, FL 33919 City/State and Zip Code rjackman@your-advocates.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rita Jackman Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee S30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Certified Copy

CR2E062 (9/15)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2016

RITA JACKMAN JSR 4575 VIA ROYALE SUITE 200 FORT MYERS, FL 33919

SUBJECT: KILFER INVESTMENTS LLC

Ref. Number: L15000161521

We have received your document for KILFER INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00013645

## 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: KILFER	RINVESTMENTS,	LLC
SECON THIRD	ARCTICAL I	ility company is: L15000	)161521 DN
	(CHECK THE APPROPRIATE BOX AND COM	IPLETE THE APPLICABL	E STATEMENT
	Contains an incorrect statement. The incorrect statement, statement are as follows:	the reason the statement is inc	correct, and the corrected
	Remove- Fernando, Valerie and ad	ddress from- Title /	AMBR
	OR  Was defectively signed. The manner in which the docume as follows:	ent was defectively signed and	the appropriate correction are
/	OR		
	The electronic transmission of the record was defective.		
	Rita Jackman	June 20,2016	
	Signature of Authorized Representative	Da	ite
	re of new registered agent, if applicable: (NOTE: if correcting the designation).	ting the registered agent, the n	ew registered agent must sign
I hereby provisio obligatio	egistered Agent's Signature, if changing Registered Agent:  oaccept the appointment as registered agent and agree to a  ons of all statutes relative to the proper and complete perfor  ons of my position as registered agent as provided for in C  a change in the registered office address. I hereby confirm thange.	rmance of my duties, and I am hapter 605, F.S. Or, if this doc	familiar with and accept the cument is being filed to merely
Registered Agent's Signature			
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	PH 2: 30