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S. YOUNG





February 3, 2016

CORY CARANO, ESQ **KELLY & GRANT, P.A.** 399 NW 2ND AVENUE STE 222 BOCA RATON, FL 33432

SUBJECT: 4R SQUARED, LLC Ref. Number: L15000205567

We have received your document for 4R SQUARED, 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)(b), 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.

Shelia H Young Regulatory Specialist II

Letter Number: 616A00002341

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STATEMENT OF CORRECTION FOR FOR STATEMENT OF CORRECTION FOR FOREIGN LIMITED LIABILITY COMPANY

	to section 605.0209, F.S., this document is being submitted $//P$	to correct a previously filed document.	
FIRST:	The name of the limited liability company is:	squares, LL	
SECON THIRD:		- ·	5567
	(CHECK THE APPROPRIATE BOX AND COMP	'	NT
	Contains an incorrect statement. The incorrect statement, the	e reason the statement is incorrect, and the	corrected
	(instead OF Rosenn D'Avella) To Manage, LLC.	as name of person as	imiral
	OR Was defectively signed. The manner in which the document as follows:	t was defectively signed and the appropriate	te correction are
	<u>OR</u> .		
	The electronic transmission of the record was defective. Signature of Authorized Representative	2/9/16 Date	· ————
	e of new registered agent, if applicable :(NOTE: if correcting the designation).	ng the registered agent, the new registered	agent must sign
I hereby provision obligation	gistered Agent's Signature, if changing Registered Agent: accept the appointment as registered agent and agree to accept the appointment as registered agent and complete perform ons of all statutes relative to the proper and complete perform ons of my position as registered agent as provided for in Chacacange in the registered office address, I hereby confirm the change.	nance of my duties, and I am familiar with upter 605, F.S. Or, if this document is bein	and accept the g filed to merely
	Registered Agent	's Signature	
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	