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(Requestor's Name) (Address) (Address)	400287781534
(City/State/Zip/Phone #)	07/14/1601011003 **35.00
(Business Entity Name) (Document Number)	
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# FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 15, 2016

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FRANCES PRADO 23320 CAROLYN LN FORT MYERS, FL 33913

SUBJECT: RISER ESTATES LLC Ref. Number: L16000026133

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We have received your document for RISER ESTATES LLC and your check(st totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

**Deborah Bruce Regulatory Specialist II** 

Letter Number: 216A00014816

Need Signature

### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SEL ESTATES LLC Name of Limited Liability Company SUBJECT

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:

Frances Prade Name of Person Riser Estates LLC Firm/Company 23320 Carolyn Ln.

Ft Myens FL 33913

Frances Prade & yman. 15m E-mail address: (to be used for future application)

For further information concerning this matter, please call:

<u>Name of Person</u> at (234) <u>281-6744</u> Area Code Daytime Telephone Number

STREET/COURIER ADDRESS: **Registration Section Division of Corporations** 

**Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

Enclosed is a check for the following amount:

**\$25** Filing Fee

S30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy

S60 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS: **Registration Section** 

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E062 (9/15)

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### 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: Risein Estates LLC.

**SECOND:** The Florida Document number of the limited liability company is:  $\frac{L/600026133}{L/600026133}$ **THIRD:** Document to be corrected is: L/600026133

#### (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:

Frances Prado is an "owner" + Rübert F. Tackson	
is an "owner". I reade a mostake originally	
. I did not add hem as a authorized personell	
We AIR Both owners of equal value in the Business. OR	- J

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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	OR		
	The electronic transmission of the record was defective.		Re located
Ċ	Frances Piedo	2/21/19 5	
	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:

*Thereby 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.* 

rance.

Registered Agent's Signature

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

 $\Box$