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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Rosebery Investment Management, 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:				
Randal C. Fairbanks Name of Person				
Fairbanks Law Group, PL				
113 Nature Walk Parkway, Ste. 103				
5t. Augustine, Florida 32092 City/State and Zip Code				
rfairbants & fairbanks laugroup. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Patricia Fairhauks at 904 507-6300 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 \$\begin{array}{c} \$30 Filing Fee & \Bigcup \$55 Filing Fee & \Bigcup \$60 Filing Fee, \\ Certificate of Status & \\ Certified Copy & \\ Certified Copy \end{array}				
CR2E062 (9/15)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to se	ection 605.0209, F.S., this document is being submitted to	correct a previously filed document.		
FIRST: The r	name of the limited liability company is:	ry Investment		
	Management LLC	,		
SECOND:	The Florida Document number of the limited liability of	company is: <u>L/6000/4768</u> /		
THIRD:	Document to be corrected is:			
	(CHECK THE APPROPRIATE BOX AND COMPLE	TE THE APPLICABLE STATEMENT		
	ains an incorrect statement. The incorrect statement, the renent are as follows:	eason the statement is incorrect, and the corrected		
W	le created LLC under		,	
Ru	sebery Investment M	anagement, LLC, 1+5K	rou	
be	: Koseberry Linues	tment Management, 1		
<u>OR</u>		7 18 18 18 18 18 18 18 18 18 18 18 18 18		
☐ Was as fol	defectively signed. The manner in which the document wa	, and 1		
us 101	10 1131			
 				
		= 0 KS	-	
<u>OR</u>				
☐ The e	electronic transmission of the record was defective.			
	Sande C. Bubala	8-29-16		
	Signature of Authorized Representative	Date		
Signature of n accepting the	ew registered agent, if applicable :(NOTE: if correcting the designation).	ne registered agent, the new registered agent must sign		
New Register	ed Agent's Signature, if changing Registered Agent:			
provisions of obligations of	of the appointment as registered agent and agree to act in all statutes relative to the proper and complete performant my position as registered agent as provided for in Chapte ge in the registered office address, I hereby confirm that the	ce of my duties, and I am familiar with and accept the r 605, F.S. Or, if this document is being filed to merely	?	
Registered Agent's Signature				

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)