

M13000006154

Florida Department of State
Division of Corporations
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RHA 2 LLC**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RHA 2, 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:

Heather Poltras

Name of Person

Sidley Austin LLP

Firm/Company

One South Dearborn

Address

Chicago, IL 60606

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Poltras

at 312

456-4287

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 &
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☐ \$55 Filing Fee &
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CR2E062 (2/14)

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SECRETARY OF STATE
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: RHA 2, LLC

SECOND: The Florida Document number of the limited liability company is: M13000006154

THIRD: Document to be corrected is:
Application by Foreign Limited Liability Company For Authorization to Transact Business In Florida

(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 Application was submitted with the incorrect name of the Foreign Limited
Liability Company. The name is RHA 2 LLC. There is no comma in the
name. The supporting documents from the Delaware Secretary of State
provided with the Application had the correct name listed.

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.

Kenton T. Smith
Signature of Authorized Representative
KENTON T. SMITH

4-22-15
Date



Filing Fee: \$25.00
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