L17000005895

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	, #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Sign		

Office Use Only



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SEURETARY OF STATE

K. SALY FEB 27 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2017

SECOND SELF SERVICES DEBRA ANLAUF 17279 OHARA DR. PORT CHARLOTTE, FL 33948

SUBJECT: SECOND SELF L.L.C. Ref. Number: L17000005895



We have received your document for SECOND SELF L.L.C. 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.

Karen A Saly Regulatory Specialist II

Letter Number: 617A00001872

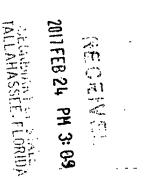


FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2017

SECOND SELF L.L.C. DEBRA ANLAUF 17279 OHARA DR. PORT CHARLOTTE, FL 33948

SUBJECT: SECOND SELF L.L.C. Ref. Number: L17000005895



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

You failed to make the correction(s) requested in our previous letter.

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

Please sign on hi-lited line.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 017A00002802

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:Se	cond S	se/F S	evices
	Nd	me of Limited Liabi	nty Company
Dear Sir or Madam:			
The enclosed Statement of C	Correction and fee(s) are	submitted for filing	
Please return all correspond	ence concerning this ma	tter to the following:	:
Debra 1	An lauf Name of Person		
<u>Second</u>	Self Ser	Vices	
	HARA Dri		
Port Char City/s	State and Zip Code	7 33948	
Second Se E-mail address: (to be	If Service Sused for future annual re	eport notification)	com
For further information cond	cerning this matter, pleas	se call:	
Debra 1	Anlouf	, 941	276-7432
Name of Po		Area Code	Daytime Telephone Number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ 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:		
	330 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)			

STATEMENT OF CORRECTION FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPA	NY

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 of the limited liability company is: SECOND: The Florida Document number of the limited liability company is: L/700005885 THIRD: Document to be corrected is: ALTICLES OF ORGANIZATION (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: AND THE POST Charlo He A 33948 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
SECOND: The Florida Document number of the limited liability company is://
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THIRD: Document to be corrected is: ALTICLES OF ORGANIZATION (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: Authorized Person Should be An lauf, Debra A 17279 OHARA Drive Port Charlo Heff 33948 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
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OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are
OR
The electronic transmission of the record was defective.
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:
I hereby 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.
Registered Agent's Signature

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)