



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

RECEIVED
2017 FEB 10 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RECEIVED
2017 FEB 24 PM 3:09
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 Corporations

SUBJECT: Second Self Services
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:

Debra Anlauf
Name of Person

Second Self Services
Firm/Company

17279 OHARA Drive
Address

Port Charlotte FL 33948
City/State and Zip Code

secondselfservice@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Anlauf at (941) 276-7432
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 & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
2017 FEB 24 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Second Self L.L.C.

SECOND: The Florida Document number of the limited liability company is: L17000005895

THIRD: Document to be corrected is: ARTICLES 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
Anlauf, Debra A
17279 OHARA Drive Port Charles FL 33948

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.
Debra A Anlauf 02/19/17
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.

Debra A Anlauf
Registered Agent's Signature

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