

L1700236461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

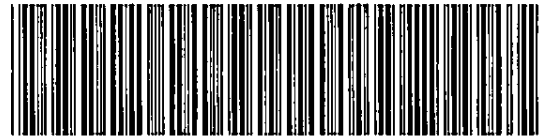
(Business Entity Name)

(Document Number)

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L17-236461

stmt corr

01/16/18--01006--006 **25.00

2018 JAN - 8 AM 9:26
RECEIVED
STATE OF CONNECTICUT
DEPT. OF REVENUE

N. CAUSSEAU

JAN - 9 2018

L17-236461

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CD CHARMS, 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:

Eric Demarchelier

Name of Person

Firm/Company

1800 Collins Avenue, Apt 18A

Address

Miami Beach, FL 33139

City/State and Zip Code

edemarchelier@yahoo.com

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

For further information concerning this matter, please call:

Eric Demarchelier

917 5204478

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

2017 DEC 26 AM 11:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2017

ERIC DEMARCHELIER
1800 COLLINBS AVENUE, APT. 18A
MIAMI BEACH, FL 33139

SUBJECT: CD CHARMES, LLC
Ref. Number: L17000236461

We have received your document for CD CHARMES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 317A00026034

**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: CD Charms, LLC

SECOND: The Florida Document number of the limited liability company is: L17000236461

THIRD: Document to be corrected is: LLC registration

(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:

We made a spelling error at the time of registration on
11/20/17. The correct name of the LLC is
CD Charms, LLC and NOT CD Charmes, LLC

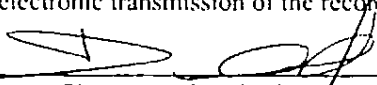
OR

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

2018 JAN -8 AM 9:26
STATE OF FLORIDA
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE REGISTRATION

OR

- ☐ The electronic transmission of the record was defective.

 1/4/2018
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: \$25.00
Certified Copy: \$30.00 (optional)