

L14 000 167409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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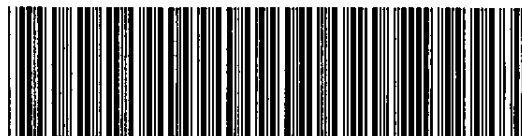
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. G. G. FEB 04 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Art Luxe 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:

Clifford E Wright
Name of Person

Art Luxe
Firm/Company

101 Plaza Real Apt 915
Address

Boca Raton, Florida 33432
City/State and Zip Code

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

For further information concerning this matter, please call:

Clifford Wright at (917) 386 3057
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**

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: Art Luxe LLC

SECOND: The Florida Document number of the limited liability company is: L14000167409

THIRD: Document to be corrected is:

Corporate Filing

(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 effective date is not October 28 2014, it was an error. The effective date is January 1, 2015. The address is changed to 101 Pld 2d Real Apt 915 Boca Raton, FL 33432. Please resend documents

OR

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

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TALLAHASSEE FLORIDA

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Cliff Wright

1/20/15

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