

L06000050319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100184456591

AC
E. DENNARD
8/18/10

Malave, Erin

From: Linh Do [haileylinh@yahoo.com]

Sent: Monday, August 16, 2010 11:28 AM

To: CorpAddressChange

Subject: Address Change

To whom this my concern:

I am requesting for my address to be changed. My Doc # is L06000050319. The corp name is Polished Salon And Spa, LLC. Please change address to 15714 North Dale Mabry Highway # 205, Tampa, FL, 33618. Thanks for you help. If you have any question please feel free to call. 813-334-3969. Linh Podelski