

L08000100869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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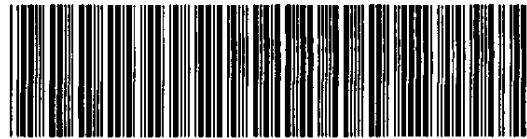
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 23 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: True Divine Hair Salon LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lolita Pearson Bennett  
Name of Person

True Divine Hair Salon LLC  
Firm/Company

141 So Main St R. Suite 251  
Address

Belle Glade FL 33430  
City/State and Zip Code

TRUEDIVINEHS85@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lolita Pearson Bennett at (561) 993-9996  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TRUE Divine Hair Salon LLC  
(Name of the Limited Liability Company as it now appears on our records.)

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