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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Hair Cuts 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:

Mansoor Ghaneie
Name of Person

Florida Hair Cuts LLC
Firm/Company

138 South Woods Dr #103
Address

Rockledge, FL 32955
City/State and Zip/Code

mgmif132@aol.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mansoor Ghaneie at (321) 446-3371
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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: _____

Florida Hair Cuts LLC

SECOND: The Florida Document number of the limited liability company is: L09000048225

THIRD: Document to be corrected is:

change to UBR

(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:

Change Mitchell Ghaneie title from 'Managing Member' to 'Member'
change Nicholas Ghaneie title from 'Managing Member' to 'Member'. Reason
individuals are not managing however they are LLC members.

☐ 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.

Man. Ger. Z. Ham
Signature of Authorized Representative

8/21/14
Date

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