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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

APR 13 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stain Face  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Tami Seals  
Name of Person

Stain Face LLC  
Firm/Company

5362 Trickett St.  
Address

North Port, FL 34287  
City/State and Zip Code

tamlea1965@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tami Seals at (941) 716-2110  
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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:

Stain Face LLC

**SECOND:** The articles of organization or the application to transact business

**(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:

\* Tami Seales / Managing member  
along with HAROLD BROOKS\*  
\* 4987 Trekell St., North Port, FL 34287  
Change RA Address also.

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: MARCH 16, 2011

Tami Seales / [Signature]  
Signature of a member or authorized representative of a member

Tami Seales / Harold Brooks  
Typed or printed name of signee

2011 APR 13 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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