

L12000021022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

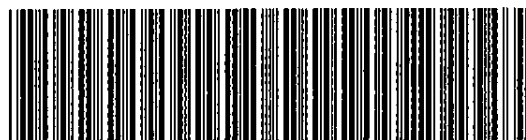
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR -9 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Christy's 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:

Christy Robinson

Name of Person

Christy's Salon

Firm/Company

2722 Old US Hiway 441

Address

Mount Dora Fl. 32757

City/State and Zip Code

crobinson54@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Robinson

Name of Person

at (352)

383-1960

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	MINICHIAO ANTANIO	41 Camellia Ave MOUNT DORA, FL 32757-4101	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christy Robinson	119 Ixora Ave MOUNT DORA, FL 32757-4101	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
ASST MGR	Emelia Heinen	119 Ixora Ave MOUNT DORA, FL 32757-4101	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 19th 2012

Christy M. Robinson
Signature of a member or authorized representative of a member

CHRISTY M. ROBINSON
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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