

L12 000

133866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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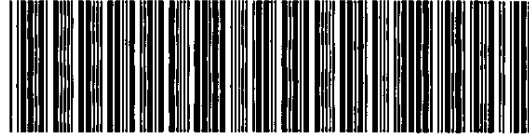
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TALLAHASSEE, FLORIDA
SOUTH FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVING 360 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:

SAEB JANNOUN

Name of Person

LIVING 360 LLC

Firm/Company

5523 RAWLS RD

Address

TAMPA FL 33625

City/State and Zip Code

SAEBJ@IX.NETCOM.COM

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

For further information concerning this matter, please call:

SAEB JANNOUN

Name of Person

at (813)

Area Code

248 4086

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

**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: LIVING 360 LLC

SECOND: The Florida Document number of the limited liability company is: 412000133866

THIRD: Document to be corrected is:

2014 ANNUAL REPORT

(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:

THE REPORT LISTS JANET JANNOON
AS AN AUTHORIZED MEMBER. THIS
WAS DONE IN ERROR AND SHOULD
BE REMOVED FROM THE REPORT.

OR

- ☐ 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.

Signature of Authorized Representative

Date

5-19-2014

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