

L12000159559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2013 JUL -2 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 3 2013

J. BRYAN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **OSHUN BOTANICA 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:

MARIA DEL PILAR VEGA

Name of Person

OSHUN BOTANICA LLC

Firm/Company

449 NE AIROSO BLVD

Address

PORT ST LUCIE, FL 34983

City/State and Zip Code

MPILAR323@YAHOO.COM

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

M. PILAR VEGA

Name of Person

at (**772**) **940-3843**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2013

MARIA DEL PILAR VEGA
OSHUN BOANICA LLC
101 N US HWY 1 STE 127
FORT PIERCE, FL 34950

SUBJECT: OSHUN BOTANICA LLC
Ref. Number: L12000159559

FILED
2013 JUL -2 AM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for OSHUN BOTANICA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 913A00010804

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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

MGR = Manager
MGRM = Managing Member

SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

2003-10-13
Add
Remove
AM 7:14
Add

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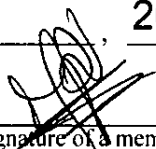
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDRESS FOR MGRM MARIA DEL PILAR VEGA:

449 NE AIROSO BLVD

PORT ST LUCIE, FL 34983

Dated JUNE 27, 2013


Signature of a member or authorized representative of a member

MARIA DEL PILAR VEGA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JUL -2 AM 11:14
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