

April 9, 2014

OLUWASEUN, LLC P O BOX 5534 CLEARWATER, FL 33758-5534

SUBJECT: OLUWASEUN, LLC Ref. Number: L13000031183

900258917729

Debit Memo #: 09501-E

Due to your failure to respond to our previous letter advising you of the attached returned check #0991, the 2014 annual report for OLUWASEUN, LLC has been cancelled and is considered not filed as of April 9, 2014.

Please note: Due to this cancellation, you will be required to re-file the annual report online at www.sunbiz.org. A late fee of \$400 will be imposed if the annual report is filed after May 1st.

If you have any questions concerning the returned check, please call (850) 245-6887.

Sincerely
Garry Leonard
Administrative Assistant
Division of Corporations

Letter Number: 614A00007620



February 5, 2014

OLUWASEUN, LLC P O BOX 5534 CLEARWATER, FL 33758-5534

SUBJECT: OLUWASEUN, LLC Ref. Number: L13000031183

Debit Memo #: 08501-E

This is to inform you that your check #0991 dated January 12, 2014 in the amount of \$138.75 submitted with the annual report for OLUWASEUN, LLC has been returned to us by your bank because of NON SUFFICIENT FUNDS.

As this payment cannot be replaced from our website and we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$153.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: This annual report will be cancelled and considered not filed unless a replacement check is received within 30 days from the date of this letter. If the annual report is cancelled for non-payment, you will be required to re-file the annual report online at www.sunbiz.org. A late fee of \$400 will be imposed if filing the annual report after May 1st. Send the replacement check to:

Division of Corporations Attn: Garry Leonard P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6887.

Sincerely, Garry Leonard Administrative Assistant Division of Corporations

Letter number: 014A00002654

07:52

Update Payment

02/04/14

DEP Page 0001/0001

Deposit Number

: 01/17/14 80005 019

Deposit Amount :

138.75

Account Number

Deposit Balance:

0.00

Refund Request Date:

Debit Memo Date:

Refund Mail Date

Void Date:

Refund Amount

0.00

User ID : CHKAR

Requester

Tracking Number

: CC6536776883

DOC Page 0001/0001

Ledger Date

: 01/21/14

Sub Account Number:

Document Number: L13000031183

Document Requester :

Category

Description

Amount

CKAR

CHECK AR

50.00 88.75

CKARSUPP

CK AR SUPP

<Ctrl>A - Add Pay <Ctrl>R - Rem pay <Ctrl>D - Print doc <Ctrl>V - Print check