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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kitty Massage LLC

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:

Jin Chen

Name of Person

Jin Chen CPA PA

Firm/Company

18017 Wyntborne Dr

Address

Tampa, FL 33647

City/State and Zip Code

Jchen87401@yahoo.com

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

For further information concerning this matter, please call:

Jin Chen

Name of Person

at (813) 334-5788

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

**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.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
Kitty Massage 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:
The MGR name should be XU, HUI, not XU, XUI

OR

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

Dated: 06/10/2013

HUI XU
Signature of a member or authorized representative of a member

HUI XU
Typed or printed name of signee

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