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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Skin Care Clinic 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:

Angel Koebbe
Name of Person

Central Florida Skin Care Clinic LLC
Firm/Company

1026 Wilmington Dr. Deltona, FL 32725
Address

Deltona, FL 32725
City/State and Zip Code

angelkoebbe@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Koebbe at (386) 320-1830
Name of Person 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

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**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.

FIRST: The name of the limited liability company is:
Central Florida Skin Care Clinic 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:

Manager / Member Detail: Please change
to Angel Koebbe MGRM and
remove Edward Hoffman from the LLC
entirely. I mis understood what MGRM meant.
OR

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

Dated: 8/23/13

Angel Koebbe

Signature of a member or authorized representative of a member

Angel Koebbe

Typed or printed name of signee

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

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