

# L 14000031282

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

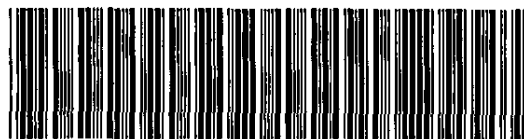
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAR 27 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 31 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 12, 2014

SOUL SOLUTIONS OF SOUTH FLORIDA, LLC  
CYNTHIA WESEMAN  
22798 SW 65TH WAY  
BOCA RATON, FL 33428

SUBJECT: SOUL SOLUTIONS OF SOUTH FLORIDA, LLC  
Ref. Number: L14000031282

We have received your document for SOUL SOLUTIONS OF SOUTH FLORIDA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 414A00005421

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Soul Solutions of South Florida, 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:

Cynthia Weseman

Name of Person

Soul Solutions of South Florida, LLC

Firm/Company

22798 SW 65th Way

Address

Boca Raton, Florida 33428

City/State and Zip Code

cynthia.soulsolutions@yahoo.com

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

For further information concerning this matter, please call:

Cynthia Weseman

Name of Person

at ( 404 )

Area Code

573-7775

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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>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:  
Soul Solutions of South Florida, LLC

**SECOND:** Document to be corrected is:  
Articles of Organization, registration

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(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:

Mgr.Name: Cynthia Weseman was spelled incorrectly.

Correct to Cynthia Weseman from Cynthia Weeman

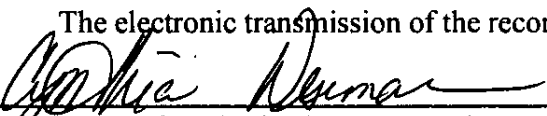
**OR**

- ☐ 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

3/14/2014  
Date

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