

L14000049618

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B. BOSTICK  
APR 23 2014  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Essence of Natural, 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:

Tanja L May

Name of Person

The Essence of Natural

Firm/Company

5199 Armsgate Court

Address

Jacksonville, FL 32218

City/State and Zip Code

theessenceofnatural@yahoo.com

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

For further information concerning this matter, please call:

Tanja L May

Name of Person

904

Area Code

571-3445

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

CR2E062 (2/14)

**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: The Essence of Natural, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000045618

**THIRD:** Document to be corrected is:  
Electronic Articles of Organization, Article IV

**(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:

Inadvertently excluded Tanja L May as Owner of The Essence of Natural.

Please list Tanja L May as the Owner.

**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.

Tanja L. May  
Signature of Authorized Representative

17 APR 14  
Date

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