

L14 0000 58393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

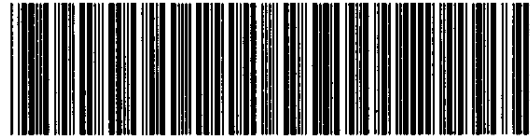
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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(2)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2014

LAKISHA TURLEY
408 N HOWARD AVE SUITE B
TAMPA, FL 33606

SUBJECT: LUXE STUDIO SPACE, LLC
Ref. Number: L14000058393

We have received your document for LUXE STUDIO SPACE, 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00012491

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luxe Studio Space, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lakisha Monique Turley

Name of Person

Luxe Studio Space, LLC

Firm/Company

408 N. Howard Ave, Suite B

Address

Tampa, FL 33606

City/State and Zip Code

monique@luxestudiospace.com

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

For further information concerning this matter, please call:

Monique Turley

Name of Person

at **(813) 770-9132**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Luxe Studio Space, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lakisha Monique Turley	408 N. Howard Ave,	<input checked="" type="checkbox"/> Add
		Suite B	<input type="checkbox"/> Remove
		Tampa, FL 33606	
AMBR	Lakisha Monique Turley	408 N Howard Ave	<input checked="" type="checkbox"/> Add
		Suite B	<input type="checkbox"/> Remove
		Tampa FL 33606	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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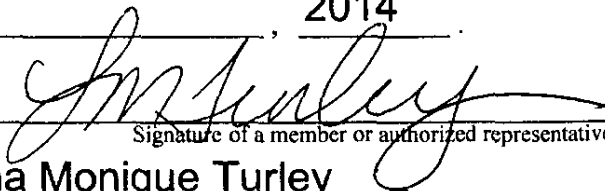
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I tried to open a business checking but Chase Bank said I needed to be an authorized member manager on sunbiz.org

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 19, 2014



Signature of a member or authorized representative of a member

Lakisha Monique Turley

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
14 JUN 27 11:57
CLERK