

L14000059891

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TALLAHASSEE FLORIDA

JUN 05 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FABULOUS TOUCH 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:

Otilia Andino

Name of Person

FABULOUS TOUCH LLC

Firm/Company

4744 trouble creek rd.

Address

NPR, FL, 34652

City/State and Zip Code

FabulousTouchhairsalon11c@gmail.com

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

For further information concerning this matter, please call:

Otilia Andino

Name of Person

at (727)

Area Code

645-2653

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)

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TALLAHASSEE, FLORIDA

**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: FABULOUS TOUCH LLC

SECOND: The Florida Document number of the limited liability company is: L14000059891

THIRD: Document to be corrected is:
4744 trouble creek rd NPR, FL 34653

(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:

4477 trouble creek rd, I mistakenly
wrote the numbers backward
needs to be corrected to
4744 trouble creek rd NPR, FL 34652

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

Date

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

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STATE
OFFICE
TALLAHASSEE
FLORIDA