

L14000127523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

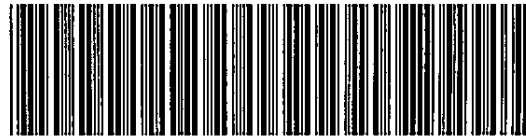
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amierd

Office Use Only



500263397915

09/24/14--01005--002 **25.00

FILED
14 SEP 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 24 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLEIL SPA ORLANDO 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:

Juan Carlos Acosta

Name of Person

Soleil Spa Orlando LLC

Firm/Company

PO Box 143706

Address

Coral Gables, FL. 33134

City/State and Zip Code

jca1727@gmail.com

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

For further information concerning this matter, please call:

Juan Carlos Acosta

Name of Person

305 934-1828

at ()
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

Page 1 of 3

FILED
SEP 24 PM 4:45
L.C.
STATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

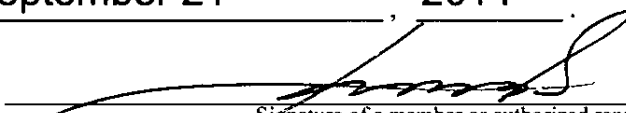
FILED
 Add ☐ Remove ☐ 14 SEP 24 PM 4:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 September 21, 2014



Signature of a member or authorized representative of a member

Juan Carlos Acosta

Typed or printed name of signee

FILED
14 SEP 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA