

L14000139097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

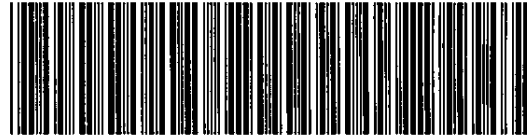
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

OCT 08 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2014

WILKENS EDMOND  
1106 NW 81ST TERRACE  
PLANTATION, FL 33322

SUBJECT: DOLCE SALON, LLC  
Ref. Number: L14000139097

We have received your document for DOLCE SALON, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 514A00020552

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FLORIDA  
REGISTRY

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **DOLCE SALON, 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:

**WILKENS EDMOND**

Name of Person

**DOLCE SALON, LLC**

Firm/Company

**1106 NW 81ST TERRACE**

Address

**PLANTATION, FL 33322**

City, State and Zip Code

**KINGSAIR24HR@GMAIL.COM**

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

For further information concerning this matter, please call:

**AMEERAH S ADEJOLA**

Name of Person

**954 588-1102**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$5.00 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

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## page 1 of 3

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

MGR = Manager  
AMBR = Authorized Member

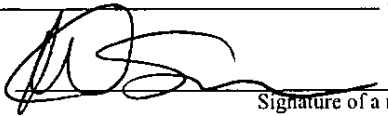
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WILKENS EDMOND	1106 NW 81ST TERRACE	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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JULIA HASSLER

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: 09/15/14 (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 OCTOBER 2, 2014



Signature of a member or authorized representative of a member

WILKENS EDMOND

Typed or printed name of signee

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