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OCT. 2.7.2014 J. BRUCE

## **COVER LETTER**

TO: Registration Division of C				
WS N	EXT STEP, L.L.C.			
SUBJECT:		Name of Limited Liab	ility Company	_
Dear Sir or Madam:				
	ent of Compation and foo(s)	and submitted for filin	_	
	ent of Correction and fee(s)		_	
Please return all corre	spondence concerning this	matter to the followin	g;	
WILMER FERN	ANDEZ			
	Name of Person		-	
WS NEXT STEE	P, L.L.C.			
	Firm/Company	<u> </u>	-	
PO BOX 853				
	Address		_	
HAINES CITY,	FL 33845			
	City/State and Zip Code			
MALACHI.1234	@HOTMAIL.COM			
E-mail address:	(to be used for future annu	al report notification)	_	2014
For further information	on concerning this matter, p	olease call:		2014 OCT 23
NAOMI GAMEZ	:	863	269-6343	지 로
Nan	ne of Person	Area Code	Daytime Telephone Number	— 5144 5144 5144 5144 5144 5144 5144 5144
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, Florida 3	ons er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check t	for the following amount:			
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status &	

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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. The name of the limited liability company is:\_\_\_\_\_ WS NEXT STEP, L.L.C. FIRST: The Florida Document number of the limited liability company is: L14000162401 **SECOND:** Document to be corrected is: THIRD: WS NEXT STEP BARBERSHOP, L.L.C. (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: THE INCORRECT STATMENT IS THE NAME IT APPEARS: WS NEXT STEP, L.L.C. I FORGOT TO ADD BARBERSHOP TO THE NAME. IT SHOULD READ WS NEXT STEP BARBERSHOP, L.L.C. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. Signature of Authorized Representative

Filing Fee:

\$25.00

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