

L15000206258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

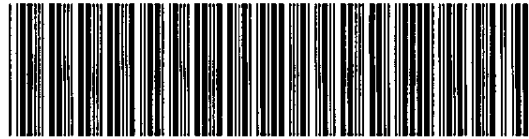
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FILED
16 JAN - 7 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 05 2016
S. YOUNG

N. Guffen JAN - 8 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2016

BRITT WILLIAMS
312 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

SUBJECT: SOUTHERN CHARMED SALON, LLC
Ref. Number: L15000206258

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SOUTHERN CHARMED SALON, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 416A00001696

RECEIVED
2016 FEB -5 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN CHARM SALON, 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:

BRITT WILLIAMS

Name of Person

SOUTHERN CHARM SALON, LLC

Firm/Company

312 THOMAS DRIVE

Address

PANAMA CITY BEACH, FL 32408

City/State and Zip Code

BWILLIAMS@YAHOO.COM

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

For further information concerning this matter, please call:

BRITT WILLIAMS at (386) 930-0758

Name of Person

Area Code

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

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16 JAN - 7 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax 850-248

6030

Attention: Sheila

STATE OF FLORIDA
DEPARTMENT OF REVENUE
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:

21 Salon, LLC

SECOND:

The Florida Document number of the limited liability company is:

L15000206258

THIRD:

Document to be corrected is:

NAME Articles of Organization

(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:

Please correct NAME OF SALON TO:
SOUTHERN CHARMED SALON, LLC

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

2-16-18

Signature of new registered agent, if applicable. (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)