

L160000 81831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

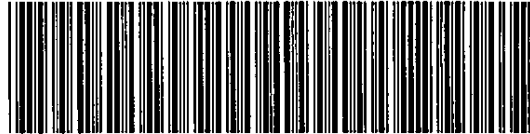
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUL 29 PM 4:07
TALLAHASSEE, FLORIDA

AUG 01 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2016

KYLIE SALSMAN
1208 TISDALL CT
CASSELBERRY, FL 32707

SUBJECT: KILLER ARTS N CRAFTS LLC
Ref. Number: L16000081831

We have received your document for KILLER ARTS N CRAFTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 216A00014957

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Killer Arts N Crafts 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:

Kylie Salsman
Name of Person

Firm/Company

1208 Tisdall Ct
Address

Casselberry, FL 32707
City/State and Zip Code

Killerdoormats@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kylie Salsman at (407) 435-5439
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

**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: Killer Arts N Crafts LLC

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

THIRD: Document to be corrected is: L16000081831

(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:

Killer Arts N Crafts IS INCORRECT and
the correct name is Killer Arts N Crafts
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.

Kyle S. Sasser
Signature of Authorized Representative

7-24-10
Date

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.

Kyle S. Sasser 5-7-10
Registered Agent's Signature

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