

L16000 138135

(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:

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2016 AUG -4 P 1:16
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 05 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2016

DONNA M. HENDERSON
DYNAMIC OFFICE SOLUTIONS
848 BAYBREEZE LANE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: SHOES4U BOUTIQUE LLC
Ref. Number: L16000138135

We have received your document for SHOES4U BOUTIQUE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 616A00016103

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOES4U BOUTIQUE, 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:

Donna M. Henderson

Name of Person

Dynamic Office Solutions

Firm/Company

848 Baybreeze LN

Address

Altamonte Springs, FL 32714

City/State and Zip Code

dosdmdw@gmail.com

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

For further information concerning this matter, please call:

Donna M. Henderson

Name of Person

at (321) 397-8079

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: SHOES4U BOUTIQUE, LLC

SECOND: The Florida Document number of the limited liability company is: L16000138135

THIRD: Document to be corrected is: ARTICLE V - 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:

The incorrect name of owner is Toni Dadon. The correct Name is
Antoinette Howell. Bank will not accept the LLC Certificate. The
EIN application has Antoinette Howell

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.

Antoinette Howell

Signature of Authorized Representative

Date

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SEP 15 4 P 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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