

L16000183176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

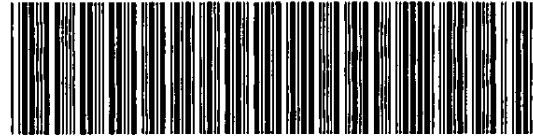
(Business Entity Name)

(Document Number)

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NOV 16 2016
16 NOV 16 PM 3:35

NOV 17 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHIC COUSINS CLOSET, 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:

Grant Gregory, CPA

Name of Person

GRA CPA

Firm/Company

35 West Pine Street, Ste 220

Address

Orlando, FL 32801

City/State and Zip Code

info@gracpafirm.com

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

For further information concerning this matter, please call:

Grant Gregory, CPA

Name of Person

at (877)

Area Code

455-3055

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

CR2E062 (9/15)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2016

GRANT GREGORY
GRA CPA
35 WEST PINE STREET, STE 220
ORLANDO, FL 32801

SUBJECT: CHIC COUSINS CLOSET, LLC
Ref. Number: L16000183176

We have received your document for CHIC COUSINS CLOSET, 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):

You failed to make the correction(s) requested in our previous letter.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00023025

RECEIVED
2016 NOV 16 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 NOV 16 PM 3:35
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2016

GRANT GREGORY
GRA CPA
35 WEST PINE STREET, STE 220
ORLANDO, FL 32801

SUBJECT: CHIC COUSINS CLOSET, LLC
Ref. Number: L16000183176

RECEIVED
2016 NOV -7 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CHIC COUSINS CLOSET, 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 enter the type of document to be corrected in the third section of the form.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00023025

FILED
2016 NOV 16 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: CHIC COUSINS CLOSET, LLC

SECOND: The Florida Document number of the limited liability company is: L16000183176

THIRD: Document to be corrected is: AMBR NAME - JFL LLC 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:

MONTALVO, MALORIE - incorrect AMBR NAME

MONTALVO, MALOREY - correct AMBR NAME

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] CPA 11-13-16
Signature of Authorized Representative 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.

**SAME
REGISTERED
AGENT**

[Signature] CPA
Registered Agent's Signature

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

FILED
NOV 15 PM 3:35
CLERK OF STATE