L16000187345

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phon	e #)
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(Doc	ument Number)	
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SECRETARY OF STATE
SECRETARY F. FLORIDA

S Warren APR 2 8 2017



April 17, 2017

NOHRA E. PELQEZ 210 SHORE DRIVE SOUTH MIAMI, FL 33133

SUBJECT: LUNA DESINGS BY MONO LLC

Ref. Number: L16000187345

We have received your document for LUNA DESINGS BY MONO 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):

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.

Letter Number: 917A00007445

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

		•	
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) a	re submitted for filing.	
Please return all correspondent	ondence concerning this n	natter to the following:	
Nohra	E. Pelo	le2	
Lung T	Sign S Firm/Company	by Mar	10 L.L.C.
210 5	Address	. South)
Miani	Ty/State and Zip Code	35	
E-mail address: No	be used for future annual	report notification)	\sim
For further information of	concerning this matter, ple	ease call:	
Noha S	blue 2	at (Area Code)	295-1088 Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314
Enclosed is a check for	the following amount:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)	·		

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: SECOND: The Florida Document number of the limited liability company is: THIRD: Document to be corrected is: (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: Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> П The electronic transmission of the geord was defective. Signature of Authorized Representative... 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 Signature

Filing Fee:

Certified Copy:

\$30.00 (optional)