

L16000207988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
MAY 2 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2017

KRISTY LUSCHEN
237 MULBERRY ST
JACKSONVILLE, FL 32208

SUBJECT: GLUTEN FREE DELIGHTS FL LLC
Ref. Number: L16000207988

We have received your document for GLUTEN FREE DELIGHTS FL 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):

Name listed on amendment application doesn't match records on sunbiz.org. Also the request you're submitting already reflects the changes on sunbiz.org.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 817A00005836

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17 MAY - 1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 MAY - 1 AM 11:56
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: Gluten Free Delights FL LLC

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

THIRD: Document to be corrected is: Amendment - Article III

(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:

Remove Todd Luschen as a co-owner thus changing the company from a partnership to a single-member LLC. Kristy Luschen is the sole owner of the LLC. Strike article III.

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

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.

Kristy M Luschen
Registered Agent's Signature

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

FILED
17 MAY -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA