

L170000174675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

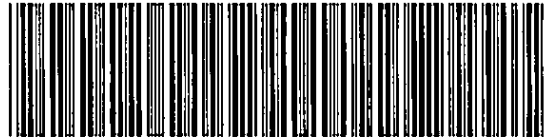
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FILED
2017 SEP - 7 PM 3:48
FALL RIVER, MA

SEP 07 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charlie's Ballroom

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:

Marsha Jackson

Name of Person

Firm/Company

1118 NW 204 street

Address

Miami Gardens, FL 33169

City/State and Zip Code

Marshagibbs22@yahoo.com

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

For further information concerning this matter, please call:

Marsha Jackson at (305) 788 7344

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2017

MARSH JACKSON
1118 NW 204 STREET
MIAMI GARDENS, FL 33169

SUBJECT: CHARLIE'S BALLROOM L.L.C.
Ref. Number: L17000174675

We have received your document for CHARLIE'S BALLROOM L.L.C. and your check(s) totaling \$60.00. 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: 117A00017677

RECEIVED

2017 SEP -7 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 SEP -7 PM 3:49
TALLAHASSEE, FLORIDA

FILED

**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: Charlie's Ballroom

SECOND: The Florida Document number of the limited liability company is: L170000174075

THIRD: Document to be corrected is: 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:
Title mgr is listed as Charles W. Jackson,
when instead it should be Marsha
D. Jackson. The statement is incorrect
because Charles W. Jackson is not the
OR manager and Marsha D. Jackson is.

☐ 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.

M Jackson
Signature of Authorized Representative

9/3/17
Date

FILED
SEP - 7 PM 3:48
ALLIANCE COUNTY, FLORIDA
CLERK OF COUNTY

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.

M Jackson
Registered Agent's Signature

Filing Fee:
Certified Copy:

\$25.00
\$30.00 (optional)