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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certific	ates of Status
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COVER LETTER

TO: Registration Se Division of Co					
Luna	Sol Memor	ies LLC		<u>></u> .	201
SUBJECT:	i ;	Name of Limited Liabili	ty Company		2017 D EC -7
Dear Sir or Madam:				AL MASSIC	C -7
The enclosed Statement	of Correction and fee(s) a	re submitted for filing.		,	74
	ondence concerning this r			= 3	19: 32
Trease return an corresp	diagnee concerning this i	maner to the ronowing.		É	න 2
Amanda Je	eanvilma				
	Name of Person				
Luna Sol M	1emories, Ll	_C			
	Firm/Company				•
2349 Esse	x Ave				
	Address				
Deltona FL	. 32738				
	ity/State and Zip Code				
info@lunas	solmemories	s.com			
_	be used for future annual				
For further information	concerning this matter, ple	ease call:			
Amanda Je	eanvilma	407	583-3887		
Name -	of Person	Area Code	Daytime Telephone Number		
STREET/COURIER & Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, Florida 323	S 	R D P	IAILING ADDRESS: egistration Section fivision of Corporations O. Box 6327 fallahassee, Florida 32314		
Enclosed is a check for	the following amount:				
\$25 Filling Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Status & Certified Copy		
CR2F062 (9/15)					



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2017

AMANDA JEANVILMA 2349 ESSEX AVE DELTONA, FL 32738

SUBJECT: LUNA SOL MEMORIES LLC

Ref. Number: L17000202575

We have received your document for LUNA SOL MEMORIES 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: 517A00022085

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.

<u>FIRST</u>	The name of the limited liab	ility company is: Luna Sol	Memories, LLC			_
SECON THIRD	The Charles Decrease	ent number of the limited liability of the liability of the limited liability of the liabil	L1700020	257:	5 ZL	- tion
	i	OPRIATE BOX AND COMPLE				
	statement are as follows:	rent. The incorrect statement, the r			correct	ted
		at this location and thought	·		·· .	_
		ors or acting party with				- .
	OR	e manner in which the document w		propriat	te corre	etion are
	as follows:			<u> </u>	2217	<u>.</u> -+
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	OR The electronic transmission	at the record was delective			KE 7: 2	
<u>.</u>	Smanda	Janus (Ma	12/1/1	7	<u></u>	_
~	re of new registered agent, if ng the designation).	applicable :(NOTE: if correcting t	he registered agent, the new reg	istered a	agent m	iust sign
-1 hereby - provisio - obligati	vaccept the appointment as r ons of all statutes relative to t ons of my position as registe t change in the registered off	f changing Registered Agent: egistered agent and agree to act in he proper and complete performan red agent as provided for in Chapta ice address, I hereby confirm that t	ce of my duties, and I am familier 605, F.S. Or, if this document	ar with . is being	and acc g filed t	rept the o merely
		Registered Agent's 2	Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			