## 11800012728

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## COVER LETTER

TO: Registration Division of	n Section Corporations					
	et Jeannette L.L.C.					
SUBJECT:	]	Name of Limited Liab	ility Company			
Dear Sir or Madam:						
The enclosed Statem	ent of Correction and fee(s) a	are submitted for filing	·			
Please return all corr	espondence concerning this r	natter to the following	:			
Scarlet J. Mong	galo					
	Name of Person					
Scarlet Jeanne	tte L.L.C.					
	Firm/Company		•		1	
2684 Cahill Wa	у					
	Address					
Lake Mary, FL,	32746					
	City/State and Zip Code			3 e .	(1) (1)	
scarletjeannette	estudio@gmail.com				YAH	
E-mail address	: (to be used for future annua	report notification)		•	/ 2૧	3
					⊳	
For further informati	on concerning this matter, ple	ease call:			-'0	
Scarlet J. Mong	galo	239	231-6469	ž Na	ដ	
Na	me of Person	at (at Code	)	er		
STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	for the following amount:					
S25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee of Certified Copy	& S60 Filing Fee. Certificate of Status & Certified Copy			
CR2E062 (9/15)						

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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	staten	ins an incorrect statement are as follows: rrect (Name of							id the corr	ected
	The	'Ms.' is not sup	posed to be	a part of m	y name	and need it	removed	perm	anently.	
	Corr	ect (Name of A	uthorized Pe	erson(s) De	etail): Sc	arlet J. Mon	galo			
	OR Was c	lefectively signed. ows:	The manner in	which the do	cument wa	s defectively si	igned and th		23 riate con	rrection are
	OR The e	lectronic transmissi	Î Î Î	l was defectiv				r 	<u>입</u>	
			KUL	This devicer.			05/	12	12018	
		Signature of A	uthorized Repro		errecting th	e registered ag	Date ent, the new	regist	ered agent	must sign
I hereby provision obligation	accep ns of a ons of chang	d Agent's Signatur I the appointment a Ill statutes relative my position as regi ee in the registered	is registered ag to the proper ar stered agent as office address.	ent and agree id complete p provided for	e to act in i erformanc in Chapter irm that th	: 605, F.S. Or, e limited liabili	if this docur	nent is	being filed	d to merely
				ied Copy:	1	\$30.00 (option	nai)			