

L19000 107367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

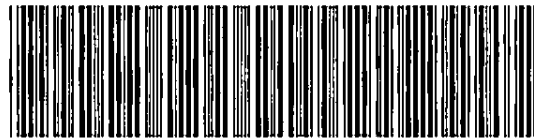
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Charles gave
authorization to
correct application
5/11/2020
dec

Correct name.

Office Use Only



100343306871

04/16/20--01015--022 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAY 21 AM 10:47

Statement
of
Correction

MAY 21 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWIP Massage SPA LLC
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:

Woodrow Dwight Charles
Name of Person

Firm/Company

11320 Fortune Circle Suite G6
Address

Wellington FL 33414
City/State and Zip Code

TWIPmassagespa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Woodrow D. Charles at (561) 542-0981
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

FILED
20 MAY 21 AM 10:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2020

WOODROW DWIGHT CHARLES
11320 FORTUNE CIRCLE, SUITE G6
WELLINGTON, FL 33414

SUBJECT: TWP MESSAGE LLC
Ref. Number: L19000107367

We have received your document for TWP MESSAGE 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):

If you are wanting just the initials as the name you need to remove the name in parenthesis. You cannot list it both ways.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 320A00009064

**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: TWIP Massage spa

SECOND: The Florida Document number of the limited liability company is: L190002107367

THIRD: Document to be corrected is: TWIP Massage LLC

(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:

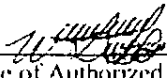
I mistakenly typed: "TWIP Massage LLC" instead of TWIP
Massage spa LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

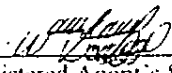
- ☐ The electronic transmission of the record was defective.

 April 1, 2020
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.


Registered Agent's Signature

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

FILED STATE
SECRETARY OF CORPORATIONS
20 MAY 21 AM 10:47
AHID: 47