

L21000017548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

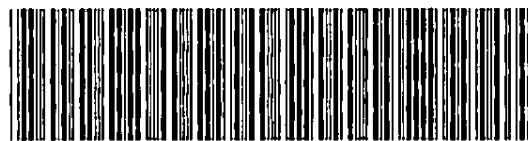
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/01/21--01014--029 \*\*25.00

01:11:10 03/01/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2021

ROXANA GONZALEZ BERRIOS  
1413 CRICKET CLUB CIR #305  
ORLANDO, FL 32828

SUBJECT: ROXNNE MODE LOGOS & DESIGNS LLC  
Ref. Number: L21000017548

We have received your document for ROXNNE MODE LOGOS & DESIGNS 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 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.

Terri J Schroeder  
Supervisor

Letter Number: 521A00010098

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROXNNE MODE LOGOS & DESIGNS 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:

GONZALEZ BERRIOS, ROXANA

\_\_\_\_\_  
Name of Person

ROXNNE MODE LOGOS & DESIGNS LLC

\_\_\_\_\_  
Firm/Company

1413 CRICKET CLUB CIRAPT 305

\_\_\_\_\_  
Address

ORLANDO, FL 32828

\_\_\_\_\_  
City/State and Zip Code

INFO@NADIESABEMAS.COM

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

For further information concerning this matter, please call:

ROXANA GONZALEZ BERRIOS

939

642-1281

at ( )

\_\_\_\_\_  
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:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

**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: ROXANNE MODE LOGOS & DESIGNS LLC

**SECOND:** The Florida Document number of the limited liability company is: L21000017548

**THIRD:** Document to be corrected is: L21000017548

**(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:

There is a mistake on the name business in the word ROXANNE is missing a letter

The correct name is: ROXANNE MODE LOGOS & DESIGNS 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.

Roxanne Mode Logos & Designs LLC  
Signature of Authorized Representative

06 11 2021  
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)