

L21000130640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2021 JUN 14 PM 1:25

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2021

CAROLINA M PEREZDAVILA
2862 CLIPPER COVE LN APT 1024
KISSIMMEE, FL 34741

SUBJECT: CARITO'S FACES LLC
Ref. Number: L21000130640

We have received your document for CARITO'S FACES 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.

Tekayla T Matthews
OPS

Letter Number: 021A00011539

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARITO'S FACES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINA M PEREZDAVILA

Name of Person

Firm/Company

2862 CLIPER COVE LANE APT 102

Address

KISSIMMEE FL 34741

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:

CAROLINA M PEREZ

407

486-4810

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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(The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 10, 2021

Concha M Perez David

Signature of a member or authorized representative of a member

CAROLINA M PEREZ DAVILA

Typed or printed name of signee