

L 22 000 1473 88

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

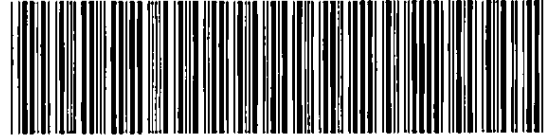
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605.0209(5)

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2022 OCT 10 AM 11:28

PAUL ADASZCZAK

Att. of Convention  
10/26/22  
DC

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CUISINE CITY CAFE 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:

ANGEL Y. McCLOUD-BRADY

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

CUISINE CITY CAFE LLC

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

1050 S. VOLUSIA ST

\_\_\_\_\_  
Address

SAINT AUGUSTINE, FLORIDA 32084

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

brady.angel@gmail.com

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

For further information concerning this matter, please call:

ANGEL Y McCLOUD-BRADY

904

5069349

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

at (

\_\_\_\_\_)   
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: CUISINE CITY CAFE LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000147388

**THIRD:** Document to be corrected is: LC AMENDMENT

**(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:

Please remove Brandon Bolton, Joycelyn Rhule, and BJB Management Solutions LLC. They fraudulently removed my name from my business Entity. I did not give them authorization to remove my name. Please re-add my name as followed: Founder/CEO Angel Y. McCloud-Brady. I own trademark rights to the name Cuisine City Cafe & Logo

**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.

Angel Y. McCloud-Brady  
Signature of Authorized Representative

10-7-2022  
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)