

L22 000 489449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

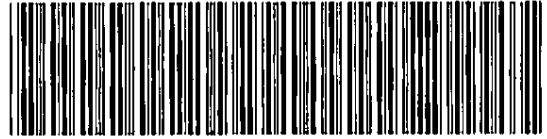
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 13 AM 9:46
CLERK OF COURT

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2023

MARIA LLORET
417 SOUTHERN PECAN CIRCLE #201
WINTER GARDEN, FL 34787

SUBJECT: IMAGE LIFT BEAUTY BAR & ACADEMY, LLC
Ref. Number: L22000489449

FILED
2023 JUN 13 AM 9:47
TALLAHASSEE, FL

We have received your document for IMAGE LIFT BEAUTY BAR & ACADEMY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 523A00010960

RECEIVED
JUN 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Image Lift Beauty Bar + Academy, 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:

Maria A. Lloret

Name of Person

Image Lift Beauty Bar + Academy, LLC

Firm/Company

417 Southern Pecan Circle #201

Address

Winter Garden FL 34787

City/State and Zip Code

omgmari@aol.com

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

For further information concerning this matter, please call:

Maria A. Lloret

Name of Person

at (407) 929-1994

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

FILED
2023 JUN 13 AM 9:47
TALLAHASSEE, FL

**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: Image Lift Beauty Bar + Academy, LLC

SECOND: The Florida Document number of the limited liability company is: L 22000489449

THIRD: Document to be corrected is: L 22000489449

(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:

The articles do not show V + VI when it
indicates the Manager of the LLC.
I Maria A Lloret am the Single LLC Manager

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.

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.

Maria A Lloret
Registered Agent's Signature

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

FILED
2023 JUN 3 AM 9:47
TALLAHASSEE, FL