

L24000030664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

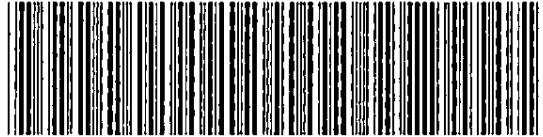
(Business Entity Name)

(Document Number)

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2024 FEB -2 AM 10:47
FEB -2 2024
FEB -2 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TASHA Beauty SALON 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:

Wideline Valcin
Name of Person

TASHA Beauty SALON LLC
Firm/Company

540 Northwest 4th AVE APT #209
Address

Fort Lauderdale, FL 33311
City/State and Zip Code

Widelinevalcin87@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wideline Valcin at (954) 931-4561
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

2009 FEB -2 14:10:47

**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: TASHA Beauty SALON LLC

SECOND: The Florida Document number of the limited liability company is: L2400030664

THIRD: Document to be corrected is: Title MGR, Wideline VALCIN

(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:

typographical error, need to correct the MGR
name, as Wideline VALCIN.

I would be grateful if you would consider granting
my request.

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.

Wideline Valcin
Signature of Authorized Representative

01/23/2024
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)