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(City/State/Zip/Phone #)

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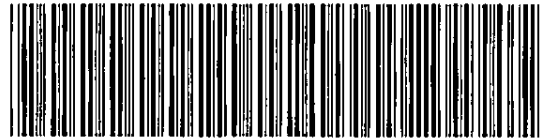
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Next Level Body Therapeutics + Wellness, PLLC  
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:

Dr. Malia Kaleessi Maya, D.C., LMT  
Name of Person

Next Level Body Therapeutics + Wellness, PLLC  
Firm/Company

1645 Dunlawton Ave., Apt. 2224  
Address

Port Orange, FL 32127  
City/State and Zip Code

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

PM 1:00  
2024 DEC -9 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Dr. Malia K. Maya at ( 239 ) 231-9968  
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

**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: Next Level Body Therapeutics, PLLC

**SECOND:** The Florida Document number of the limited liability company is: L24000399371

**THIRD:** Document to be corrected is: Next Level Body Therapeutics + Wellness, PLLC

**(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:

*Same Statement*  
Our Mission: To provide exceptional Massage Therapy, pre and post-operative care and non-invasive wellness services to women recovering from cosmetic surgery. We are licensed and specialize in post operative manual lymphatic drainage.  
**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.

Maliadla

Signature of Authorized Representative

November 29, 2024

Date

2024 DEC -9 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.*

Maliadla, DC

Registered Agent's Signature

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