

L14000079275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

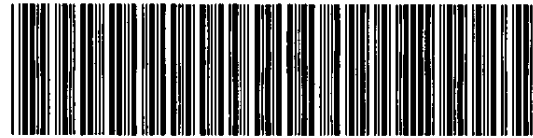
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. BOSTICK
DEC 8 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAN SPA. @ NAILS 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:

BAO Y N GOYEN
Name of Person

VAN SPA. @ NAILS LLC
Firm/Company

919 LAKELAND PARK CENTER # 364
Address

LAKELAND FL 33809
City/State and Zip Code

baoynguyen1973@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BAO Y N GOYEN at (863) 512-9964
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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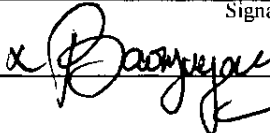
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE TO VAN SPA & NAILS-LLC
FROM BDC SALON LLC

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 12-01-2014, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee
BRADON GOULET

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2014

BAO VINH NGUYEN
VAN SPAR & NAILS, LLC
919 LAKELAND PARK CENTER, SUITE 364
LAKELAND, FL 33809

SUBJECT: B & C SALON, LLC
Ref. Number: L14000079275

We have received your document for B & C SALON, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00024731

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TALLAHASSEE, FLORIDA

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