

LO40000/9337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

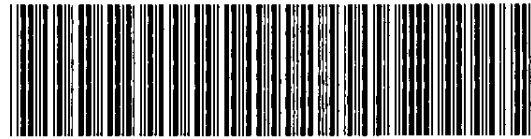
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
FEB 15 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NAIL FEVER BY VO & THAI, 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:

HIEU LE, EA

Name of Person

HIEU LE & ASSOCIATES

Firm/Company

5085 BUFORD HWY NE

Address

DORAVILLE, GA 30340-1102

City/State and Zip Code

hle@hieuletax.com

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

For further information concerning this matter, please call:

HIEU LE

Name of Person

at (770)

451-1222

Area Code & Daytime Telephone Number

11 FEB 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


MGR ⇒ Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|--|--|
| MGRM | CHAU KIM THAI | 13456 SW 118 PASSAGE MIAMI, FL 33186 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | THAO THI NGUYEN CHAU | 15389 S. DIXIE HWY APT 26 MIAMI, FL 33157 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated FEBRUARY 2, 2011



Signature of a member or authorized representative of a member

VAN T VO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA