L0700000801

(Requestor's Name)		
(Addres	ss)	
(Address)		
(City/St	ate/Zip/Phone #)	
(Oity/Sta	ate/2ip/Fitorie #/	
PICK-UP	WAIT MAIL	
(Busine	ss Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing	g Officer:	
,		

Office Use Only



400117976734

. 02/19/08--01021--014 **35.00

08 MAR 17 PM 1: 20

B. Redock MAR 1.9 2009



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2008

MYUNG CHANG US NAILS 7351 LAKE UNDERHILL DR. ORLANDO, FL 32822

SUBJECT: US NAILS LLC Ref. Number: L07000000801

We have received your document for US NAILS 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 Florida profit corporation, but your entity is a Florida limited liability company. 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) 245-6911.

Letter Number: 908A00011107

Brenda Tadlock Senior Section Administrator

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

	ion Section of Corporations
SUBJECT:	US NAILS LLC (Name of Limited Liability Company)
The enclosed Arti	cles of Dissolution and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	MYUNG CHANG (Name of Person)
-	
	US NAILS
_	(Firm/Company)
	7357 LAKEUNDERHILL DR (Address) ORLANDO, FL 32822
-	(Address)
	ORLANDO, FL 32822
_	(City/State and Zip Code)
For further inform	nation concerning this matter, please call:
	(Name of Person) at (407) 894 - 7810 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount:
\$25.00 Filing Fed	\$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

		OHVISION O
1. The name of a limited liability company is UC NAILS LLC		AR I
2. The Articles of Organization were filed on 01 - 0 L07000000801	3 _ 2007 and assigned doc	CORPORALIO 7 Pumber 1: 2
3. The date the dissolution was approved: $Ol - lOl$	2008.	0 %
4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let	vility company's dissolution pursuant to ter).	o section
	PS AUTHORIZED THE	dissouni
<u></u>		
	V	
All debts, obligations and liabilities of the limited OR-OR-Adequate provision has been made for the debts, of All remaining property and assets have been distributed an rights and interests.	obligations and liabilities pursuant to s.	608.4421.
7. CHECK ONE: There are no suits pending against the company in	any court.	
OR- Adequate provision has been made for the satisfaction entered against it in any pending suit.		which may be
Signatures of the members having the same percentage of memb	ership interests necessary to approve the	he dissolution:
Signature (Printed Name	
Mysychan	MYUNG (Stana
240		