

LD 8800041006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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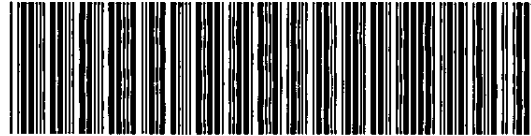
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

SEP 16 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THAO'S NAILS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THAO THI VO
Name of Person

LA NAILS
Firm/Company

933 LIGHTHOUSE DR.
Address

N. PALM BCH, FL 33408
City/State and Zip Code

KAYVEE143@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTIN VO at (561) 758-7611
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: THAO'S NAILS, LLC

SECOND: The Florida Document number of the limited liability company is: L08000040006

THIRD: The date of filing of the initial articles of organization is: 04/21/2008

FOURTH: The date of filing of the dissolution is: 09/07/2014

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

THAO VO

Typed or printed name of signature

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

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