L10000035962

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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04/12/11--01009--005 **11.25

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11 APR II PM 2: 37,

5ECRETARY OF STATE
ALLAHASSEF, FLORING

D. BRUCE

APR 12 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2011

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DAO, LINH M AND DOAN, PHOUNG T 3554 W. ORANGE COUNTRY CLUB DR. WINDERMERE, FL 34787

SUBJECT: MASTERPIECE NAILS & SPA, LLC

Ref. Number: L10000025962

FILED

11 APR 11 PM 2: 37

We have received your document for MASTERPIECE NAILS & SPA, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct the document number listed on the form. See printout.

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

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$11.25.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 011A00007284

COVER LETTER

TO:

го:	Registration Section Division of Corporations	,	
SUBJE(CT: MASTERPIECE NAILS & SPA, LLC		
JO DUL	(Name of Limited Liability Company)		
The enc	losed Articles of Dissolution and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning this matter to the following:		
	DAO, LLINH M	-	
	(Name of Person)		
	MASTERPIECE NAILS & SPA, LLC		÷
	(Firm/Company)	AH.	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
•	1309 Nairanehillssrd.	TARY ASSEI	
	(Address)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	Orlando FL 32808	PM 2: 37 Y GF STATE EE. FLORIDA	7
	(City/State and Zip Code)	Drift A	
For furti	her information concerning this matter, please call:		
	DAO, LINH Mat(407) 437-1037		
	(Name of Person) (Area Code & Daytime Telephone Num	nber)	
Enclosed	is a check for the following amount:		
]\$25.0 0	0 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy S60.00 Filing Fee,		
	already submitted \$43.75 (enclosed, please standard see proof of payment. balance due: \$11.25	py ópý is enclosed)	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is MASTERPIECE NAILS & SPA	
2. The Articles of Organization were filed onJar	nuary 1/14/2011 and assigned document number
3. The date the dissolution was approved: Marc	
 A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co 	
	to recession, lack of income,
report income loss, can not	t be able to operate the Business as
Nail Salon any longer.	
5. CHECK ONE:	
	imited liability company have been paid or discharged.
OR- Adequate provision has been made for the d	debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distributights and interests. 	uted among its members in accordance with their respective
7. CHECK ONE:	
X There are no suits pending against the comp	pany in any court.
OR- Adequate provision has been made for the s entered against it in any pending suit.	satisfaction of any judgment, order or decree which may be
natures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Lafrylul	DAO, LINH M
(f	DOAN, PHUONG
	SSEF
	FLS 24
	-20 F 1/20

FILING FEE: \$25.00