

L10000077857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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DIVISION OF CORPORATIONS
12 APR -9 AM 8:27



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2012

HOANG NGUYEN
2605 STATE ROAD 7, STE. 440
WELLINGTON, FL 33414

SUBJECT: ANTHONY VINCE' NAIL SPA LLC
Ref. Number: L10000077857

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We have received your document for ANTHONY VINCE' NAIL SPA 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 CORPORATION, but your entity is a 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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 712A00008423

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anthony Vince' Nail Spa
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hoang Le Nguyen
Name of Person

Anthony Vince' Nail Spa
Firm/Company

2605 South State Road 7
Address

Wellington Florida 33417
City/State and Zip Code

venetiannailspa@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hoang Le Nguyen at (954) 937-0788
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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Anthony Vince Nail Spa
2. (a) Principal office address of limited liability company: 2605 S. State Road 7
Wellington Florida 33414
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 2605 S. State Road 7
Wellington FL 33414
(Note: **MAY BE POST OFFICE BOX**)

07/23/2010

3. Date of filing/registration in Florida

L1000007785

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Viet Tran

Registered Office Address:

2605 S. State Road 7
Wellington FL 33414

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Trang Tang

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

2605 S. State Road 7
Wellington FL 33414
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Hoang Le Nguyen
Signature of a member or authorized representative of a member

HOANG LE NGUYEN
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00