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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 31 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EMERALD NAILS & TAN, 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:

**HAI T PHAM**

Name of Person

**EMERALD NAILS & TAN, LLC.**

Firm/Company

**2429 S. ORANGE AVE**

Address

**ORLANDO, FL 32806**

City/State and Zip Code

**JOB\_CONNECTION@MSN.COM**

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**HAI T PHAM**

Name of Person

at ( **407** )

**649-7576**

Area Code & Daytime Telephone Number

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

**EMERALD NAILS & TAN, LLC.**

Page 1 of 2

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	THU M NGUYEN	2429 S. ORANGE AVE ORLANDO, FL 32806	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MY TRAN	2429 S. ORANGE AVE ORLANDO, FL 32806	<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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Dated JANUARY 16, 2012

  
Signature of a member or authorized representative of a member

HAI T PHAM

Typed or printed name of signee