

L12 000107859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

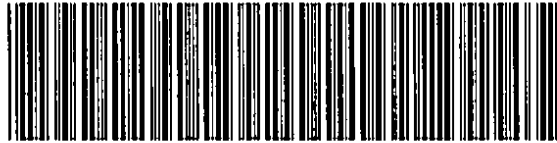
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/20--01019--012 **25.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 OCT 26 PM 3:45

Dissolution

DEC 04 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOVA NAILS & SPA LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON

(Name of Person)

CAPE COD MGMT SVC INC

(Firm/Company)

314 NE 27TH ST

(Address)

WILTON MANORS FL 33334-2020

(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL CONDRON

(Name of Person)

954

at ()

630-8300

(Area Code & Daytime Telephone Number)

20 OCT 26 PM 3:45

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

NOVA NAILS & SPA LLC

2. The Articles of Organization were filed on 8/21/2012 and assigned

document number L12000107859

3. The delayed effective date the dissolution if not effective on the date of filing: 09/30/2020
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

SEVERE IMPACT OF COVID LOWERED SALES

SEVERE IMPACT OF COVID LOWERED SALES

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FILED
CLERK OF STATE
20 OCT 26 PM 3:45
TALLAHASSEE, FLORIDA

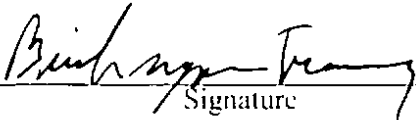
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

BINH NGOC TRUONG

5561 SW 8TH ST

MARGATE FL 33068

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

BINH NGOC TRUONG

Printed Name

FILING FEE: \$25.00