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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
	·	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

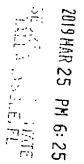




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R. WHITE APR 0 4 2019





COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: #1 New York Nails & Soon Name of Limited Li	a LLC jability Company	
Dear Sir or Madam:		
The enclosed Amendment or Cancellation of Statement of A	Authority and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Cindy Dana Name of Person		
Firm/Company		
23580 Walden Center Dr # 201 Address		
Bonita Springs , FL 34134 City/State and Zip Code		
Cindudana 12 a gmail. com E-mail address: (to be used for future annual repor	1 notification)	
For further information concerning this matter, please call:		
Cindy Dana at (321) 536 — 8277 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	

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

	to section 605.0302(2), Florida Statutes, this limited liability company submits the follow		
FIRST:	The name of the limited liability company is: # 1 New York Nails € S	pa LLC	
SECOND: The Florida Document number of the limited liability company is:			
THIRD:	The street address of the limited liability company's principal office is:		
	25987 S. Tamiami Trl Suite # 108		
	Bonita Springs, FL 34134	-	
	The mailing address of the limited liability company's principal office is:		
CAUDT	1. The data decrease of multi-size boundaries in 2/19/19	-	
FIFTH:	H: The date the statement of authority became effective is: 3/19/19	75.	
OR	The statement of authority is cancelled.	HAP 2	
	The amendment to the statement of authority is	9 MAR 25 PM 6: 2	
		25	
Signature	Cindy D c of authorized representative Cindy D Typed or printed same of	ang f signature	
. Agnatur	Typed of princed representative	- Craw Million	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E145 (2/14)