

L14000174608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

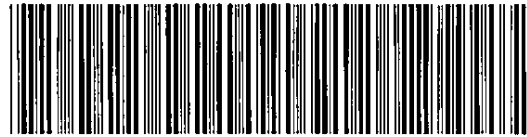
Special Instructions to Filing Officer:

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2017 JUL -5 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only



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07/06/17--01004--003 \*\*100.00

FILED  
JUL 5 2017  
TALLAHASSEE, FL

D. SCOTT  
JUL 10 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CITY NAIL SALON BT, LLC  
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CLIFTON H. RODRIQUEZ

Contact Person

CLIFTON H. RODRIQUEZ, CPA, PA

Firm/Company

3146 NW 68th STREET

Address

FORT LAUDERDALE, FLORIDA 33309

City, State and Zip Code

crodz13@gmail.com

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

For further information concerning this matter, please call:

CLIFTON H. RODRIQUEZ, CPA

at (

954

) 557-9038

Name of Contact Person

Area Code

Daytime Telephone Number

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

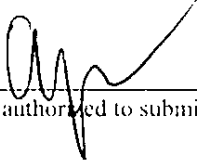
**MAILING ADDRESS:**

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

**STATEMENT OF REVOCATION OF DISSOLUTION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: CITY NAIL SALON BT, LLC
2. The document number of the company is L14000174608
3. The effective date the Dissolution was filed is 06/09/2017
4. The revocation of dissolution was authorized on 06/09/2017
5. A copy of the Articles of Dissolution is attached.

  
\_\_\_\_\_  
Signature of person authorized to submit the revocation of dissolution

**Filing Fee: \$100.00**  
**Certified Copy: \$30.00 (optional)**

FILED  
JUN 14 2017  
CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
DADE COUNTY, FLORIDA  
CORPORATE RECORDS SECTION

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

1. The name of a limited liability company is  
CITY NAIL SALON BT, LLC.

2. The Articles of Organization were filed on 11/10/2014 and assigned  
document number L140000174608

3. The delayed effective date the dissolution if not effective on the date of filing: 11/10/2014  
(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).

Partners have decided to use a different business form (corporate). Their intent is to file new articles upon

which IRS Form 2553 will be based.

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

2178 STOTESBURY WAY

WELLINGTON, FLORIDA 33414

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

BAN H. ONG

Printed Name

**FILING FEE: \$25.00**

FILED  
17 JUN -8 AM 11:40  
TALLAHASSEE, FLORIDA

FILED  
17 JUN -8 AM 11:40  
TALLAHASSEE, FLORIDA

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: CITY NAIL SALON BT, LLC.

Document number of Limited Liability Company is: L14000174608

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

AMOUNTED OWED TO VENDOR, DATE INCURRED.

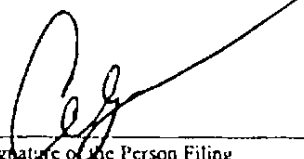
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2178 Stotesbury Way  
Wellington, Florida 33414

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ban H. Ong

Printed Name of the Person Filing

  
Signature of the Person Filing