

LI5000079496

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2015
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: China Nails Miami LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mang Nguyen
Name of Person

China Nails
Firm/Company

10928 NW 7th Ave.
Address

Miami, FL 33168
City/State and Zip Code

Binhnguyen@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Binh Nguyen at (954) 701-0971
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 ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: China Nails Miami LLC

SECOND: The Florida Document number of the limited liability company is: L15000079496

THIRD: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of registered agent and
authorized person is spelled wrong.
It should be Mang Nguyen.

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

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15 MAY 26 PM 12:20
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TALLAHASSEE, FLORIDA

OR

☐ The electronic transmission of the record was defective.

[Signature]

Signature of Authorized Representative

May 22, 2015
Date

**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**