

L17000050426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

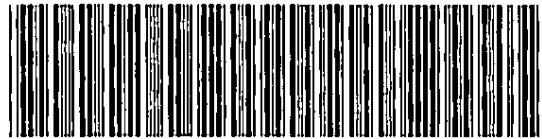
(Business Entity Name)

(Document Number)

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2018 FEB -5 11:30:13

FEB 06 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DORAL NAILS AND SPA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NAYLA GUEDES

Name of Person

DORAL NAILS AND SPA LLC

Firm/Company

3900 NW 79 AVE SUITE 648

Address

DORAL FL 33166

City/State and Zip Code

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

For further information concerning this matter, please call:

NAYLA GUEDES

786

237-9484

at (_____) _____

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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2018

NAYLA GUEDES
3900 NW 79 AVE SUITE 648
DORAL, FL 33166

RECEIVED
FEB 05 2018

SUBJECT: DORAL NAILS AND SPA LLC
Ref. Number: L17000050426

We have received your document for DORAL NAILS AND SPA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 818A00000855

2018 FEB 05 11:15
FEB 05 2018

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: DORAL NAILS AND SPA LLC

2. (a) 3900 NW 79 AVE (b) 3900 NW 79 AVE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
SUITE 648 SUITE 648
DORAL FL 33166 DORAL FL 33166

3. 03/03/2017 4. L17000050426
Date of filing/registration in Florida Document number

5. (a) TAMARA ROMAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6535 SW 6 STREET
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
MIAMI, FL. 33144

(b) NAYLA GUEDES
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2825 SW 76 STREET
NEW Registered Office Address:
APT 202
HIALEAH, FL. 33018

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member NAYLA GUEDES
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent