

L17000254374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

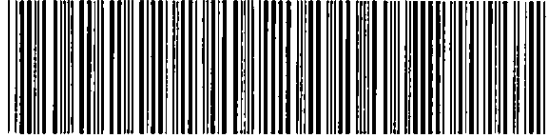
(Document Number)

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AUG 13 2023

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2023 JUL -5 AM 7:51  
STATE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Secrets Spa & Nails LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Andres Trujillo

\_\_\_\_\_  
Name of Person

Secrets Spa & Nails LLC

\_\_\_\_\_  
Firm/Company

1331 Lincoln Road

\_\_\_\_\_  
Address

Miami Beach, FL 33139

\_\_\_\_\_  
City/State and Zip Code

cadavid5@yahoo.com

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

For further information concerning this matter, please call:

Guillermo Gonzalez

305

269-9087

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Secrets Spa & Nails, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000254374

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Phouvilay Tayxayavong

4. I, Phouvilay Tayxayavong, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Phouvilay Tayxayavong  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2023 JUL -5 AM 7:51  
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