

L19000012156

(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:

Office Use Only



400329418624

06/03/19--01023--002 **25.00

FILED

19 JUN -3 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BEAUTEE NAILS SPA SALON 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:

DUONG, DUC H

Name of Person

BEAUTEE NAILS SPA SALON LLC

Firm/Company

4489 N PINE HILLS RD

Address

ORLANDO, FL 32808

City/State and Zip Code

HIENDUCDUONG@GMAIL.COM

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

For further information concerning this matter, please call:

DUC DUONG

Name of Person

407

Area Code

7335228

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: BEAUTEE NAILS SPA SALON LLC

SECOND: The Florida Document number of the limited liability company is: L19000012156

THIRD: Document to be corrected is: THIS LLC HAS MORE THAN ONE MEMBERS

(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:

This LLC is organized as a Domestic LLC with more than one member.

The first member is Duc H Duong, Title MGR at the address of 23104 cayuga avenue, Hazel Park, MI 48030.

The second member of this LLC is Tuyet T Do, a MBR, at the address of 23104 cayuga avenue, Hazel Park, MI 48030.

OR

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

OR

☒ The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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.

Registered Agent's Signature

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

FILED
19 JUN -3 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA