

L 19 0000 89512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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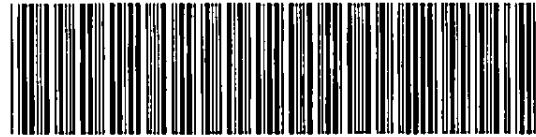
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREASURY NAILS LOUNGE, 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:

Manh T. Ngo
Name of Person

TREASURY NAILS LOUNGE, LLC.
Firm/Company

344 SW. DE GOUVEA TER.
Address

PORT ST. LUCIE, FL 34984
City/State and Zip Code

HOA NINH NGO@WSC.TAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANH T. NGO at (712) 259-8028
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: TREASURY NAILS LOUNGE, LLC.

SECOND: The Florida Document number of the limited liability company is: 19000089512

THIRD: Document to be corrected is: _____

(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: ARTICLE V:

Wrong Title of MANH T. NGO was P; Correct title is Gen. Manager
Wrong Title of HUONG T. PHUNG was VP; correct title is Manager
Please correct titles - Thanks a lot

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.

Manh Ngo 4/25/2019
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
2019 APR 29 PM 5:29
TALLAHASSEE, FL

Detail by Entity Name

Florida Limited Liability Company
TREASURY NAILS LOUNGE LLC

Filing Information

Document Number L19000089512
FEI/EIN Number NONE
Date Filed 04/01/2019
Effective Date 04/02/2019
State FL
Status ACTIVE

Principal Address

2966 NW. FEDERAL HWY.
JENSEN BEACH, FL 34957

Mailing Address

344 SW. DE GOUVEA TER.
PORT ST. LUCIE, FL 34984

Registered Agent Name & Address

NGO, MANH T
344 SW. DE GOUVEA TER.
PORT ST. LUCIE, FL 34984

Authorized Person(s) Detail**Name & Address**

Title P *Who's s/b Gen. Manager*

NGO, MANH T
344 SW. DE GOUVEA TER.
PORT ST. LUCIE, FL 34984

Title VP *Who's s/b manager*

PHUNG, HUONG T
344 SW. DE GOUVEA TER
PORT ST. LUCIE, FL 34984

Annual Reports

No Annual Reports Filed

Document Images

04/01/2019 -- Florida Limited Liability

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