

L20 000257089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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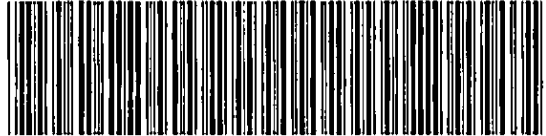
(Business Entity Name)

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2020 NOV 25 AM 11:30

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NAIL VIP AT FLORIDA AVE . LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L 20000 257089

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Nguyen  
Name of Person

NAIL VIP AT FLORIDA AVE . LLC  
Name of Firm/Company

10305 N Florida Ave  
Address

Lutz , FL 33549  
City/State and Zip Code

ncindy 2965 @ gmail . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Nguyen at ( 813 ) 304 - 2648  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Bryan Truong, hereby resigns as  
Name of Registered Agent

Registered Agent for NAIL VIP AT FLORIDA AVE LLC  
Name of Limited Liability Company

L 20000257089  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Bryan  
Signature of Resigning Agent

If signing on behalf of an entity:

BRYAN TRUONG  
Typed or Printed Name

\_\_\_\_\_  
Capacity

2020 NOV 25 AM 11:30

FILED

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314