# LZ1 COOO 7905L

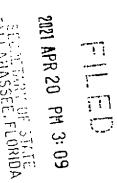
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	N & T NAIL & SPA. LLC
	Name of Limited Liability Company
DOCU	JMENT NUMBER:
The entire for fili	iclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted ng.
Please	return all correspondence concerning this matter to the following:
QUAN	CHITANG
	Name of Person
N&T	NAIL & SPA, LLC
	Name of Firm/Company
14100 U	US19TH N STE 103
	Address
CLEAR	RWATER, FL 33764
	City/State and Zip Code
F.	trrytang & yahoo. com mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
QUAN	CHI TANG  at ( 727 ) 455 - 9925  Name of Person Area Code Daytime Telephone Number
	The court is a second transfer transfer.

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	s of section 605.0115. Florida Statutes, the undersigned,
THUY T PHAN	, hereby resigns as
	Name of Registered Agent
Registered Agent for N &	: T NAIL & SPA, LLC
Tan T	Ohan
	Name of Limited Liability Company
L21000079056	
Document Nun	nber, it 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 file
	Signature of Resigning Agent
	Signature of Kesigning Agem
If signing on behalf of an	entity:
-	THUY Typed or Printed Name
	Cupacity
	FILING FEES:  S 85.00 Active limited liability company S 25.00 Administratively dissolved/ voluntarily dissolved/
	FILING FEES:
	\$ 85.00 Active limited liability company  \$ 25.00 Administratively dissolved/ voluntarily dissolved/  3 withdrawn limited liability company
	30 withdrawn limited hability company
	Make checks payable to Florida Department of State and mail to:  Note That I was a second to the sec
	Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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