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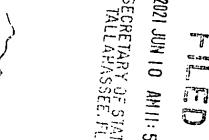
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A&T NAIL SPA. LLC Name of Limited Liability	Company
DOCUMENT NUMBER: 1.21000079056	· ·
The enclosed Resignation of Registered Agent for a Limited for filing.	
Please return all correspondence concerning this matter to the	e following:
MARIE VO	
Name of Person	
A&T NAIL SPA, LLC	
Name of Firm/Company	
14100 US 19 N STE#: 103	
Address	
CLEARWATER, FL 33764	
City/State and Zip Code	
TONYVANVO1984@GMAIL.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARIE VO 719	792-9494
Name of Person at (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provis	sions of section 605.0115	, Florida Statutes, the	undersigned,	
QUAN TANG	hereby resigns as			
	Name of Registered Agen	τ		7
Registered Agent for	N&T NAIL & SPA, LLC	··		
QUAN TANG				
	Name of Limi	ted Liability Company		 ;
1.21000079056				
	Number, if known			
A copy of this resigna	ition was mailed to the al	bove listed limited liab	pility company at it	s last known address.
The agency is termina	nted and the office discor	ntinued on the 31st day	y after the date on v	which this statement is filed
			_/	
		Signature of Resigning A	gent	
If signing on behalf o	f an entity:			
	QUAN TANG			202 T
	Ту	ped or Printed Name		CRETALLA
		Capacity		HARY
	EH ING	rrre.		FILED 2021 JUN 10 MHII: 50 SECRETARY OF STATE TALLAHASSEE, FL
	FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liabil Administratively dis withdrawn limited l	ity company solved/ voluntarily iability company	v dissolved/

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