P0500083080

(Re	equestor's Name)	
(Ac	ídress)	
(Address)		
(Ci	ty/State/Zip/Phon	e #)
_	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	l s of Status
Special Instructions to Filing Officer:		

Office Use Only



300067142213

03/07/06--010 AH D: 48
SECRETARY OF STATE
AH ASSEE, FLORIDA

Diss/W/Notice

COVER LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: U.S. Nails of South Florida, Inc.
DOCUMENT NUMBER: P05000083090
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NGAN THAI TRUONG (Name of Person)
U.S. Nails of South Florida, Inc. (Name of Firm/Company)
2650 S. Filifary Trail, #15 (Address)
Wocf palm Beach, FL 33415 (City/State/and Zip Code)
For further information concerning this matter, please call:
Nint HA at (561) 964 - 0244 (Name of Person) (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35 Filing Fee \$\ \$43.75 Filing Fee & \$\ \$43.75 Filing Fee & \$\ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

FILED

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submitts the following 10: 49

ALLAHASSEE, FLORIDA FIRST: The name of the corporation as currently filed with the Florida Department of State: U.S. Nails of South Florida, Inc. The document number of the corporation (if known): P0500083090 SECOND: The file date the articles of incorporation: 6/9/05THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signed this Ol day of March (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) Signature:

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: U.S. Nails of South Florida, Inc. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: We would like to file - dissolution of And so far, we have no claims post tent Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) U.S. Nails of South Florida 2650 S. Military Trail, #15 West palm Beach, FL 33415

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced

MNH HA (Vice Prevident)

Printed Name of the Person Filing of U.S. Nouls

within 4 years after the filing of this notice.