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RA. Charge C.COULLIETTE

JUL 19 2010

EXAMINER

COVER LETTER

T.O: Registration Section Division of Corporations	
SUBJECT: ENVY ME NAIL S Name of Limited	SPK Liability Company
	,, , ,, , ,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
KHAN H THAO HA	
, , , , , , , , , , , , , , , , , , , 	
Private Art and Area	
ENUL ME NAIL & SPA	
4020 0 0 4	10/1
493.9 W S R 46 Suite #	1066
Contract 5: 2077.	
San Ford FL 32771 City/State and Zip Code	
·	
Envy Me Nail Spa @ gmail con E-mail address: (to be used for filture annual report notification	n
E-mail address: (to be used for future annual report notification	n)
For further information concerning this matter, plea	ase call:
<i>g</i>	
Many Than Ha	1. d
KHANH THAD HA at (Area Code & Daytime Telephone Number
	The state of the s
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Englosed is a shoot for the following area	umts
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010

KHANH THAO HA ENVY ME NAIL & SPA INC. 4939 WEST S.R. A6, STE 1066 SANFORD, FL 32771

SUBJECT: ENVY ME NAIL & SPA INC.

Ref. Number: P09000006776

We have received your document for ENVY ME NAIL & SPA INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You have used the wrong form to change the registered agent for a corporation, you one you have submitted is for a limited liability. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 210A00015862

SECRETARY OF STATE

COVER LETTER

Ø	TO: Amendment Section Division of Corporations
	SUBJECT: ENUY MF Nail & Spa. Name of Corporation
T	DOCUMENT NUMBER: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
1	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Name of Contact Person
	ENVY ME Nail & SP4
	4932 W.S.R. 46 # 1066
	Address SECRETARY OF STATE Sanger FL 82771 City/State and Zip Code Envy Me Nails Pa amai comparing the second state and st
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	7# the Name of Contact Person at (2407) 74 9 - 9309 Area Code & Daytime Telephone Number
	Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

`,	in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: ENULY ME NAIL & SOA											
	2. The principal off	ice address:	4	932 Sa	infero	4.2.	<u> </u>	46 32	<u>'#</u> 771	106	, <i>6</i>	
•	3. The mailing add	ress (if differ	ent):									
	4. Date of incorpora	ation/qualific	cation: _	<u>oi /æ:</u>	2/200	9 Docu	ment n	umber: _	209	000	00 6	577.
	5. The name and str Florida Departme						gistered	l office or	i file with	the		
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		4932	ω, (C.R.	46	#	10	66			=	.∰
	_	San	forc	<u>{</u>	FL	32	771				וור מ	SION
	6. The name and str (if changed):	eet address	of the ne	w registe	red agent	(if change	ed) and	or regist/	ered offic	e	19 P	OF CU
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* * * FILING FEE: \$35.00 * * *