



Signature: Revised 01/2019

STATEMENT OF DISSOLUTION LIMITED LIABILITY COMPANY

| For Office Use Only | | | | | | |
|---|--|--|---------------|-------------------|---------------------------------|------------|
| | | STATEMENT OF LIMITED LIABIL | | MACTE 000 900 | -FILED- | 364 |
| | | | | ' ' | File #: 0004338409 | 07 |
| Q | TE TO | Title 30, Chapters 21 and 2 Base Filing fee: \$0.00 + \$20.0 | | form must he type | Date Filed: 7/8/2021 8:50:00 AM | 07/08/202 |
| | The limited liability company named herein has been dissolved pursuant to 30-25-702(b)(2)(A). 1. The name of the dissolved limited liability company is: LUX NAILS & SPA LLC | | | | | |
| | | | | | * ** · * ** | A |
| 2. | 2. The date the certificate of organization was originally filed: 08/17/2019 | | | | | |
| | | | | | | |
| 3. Other information concerning the dissolution (optional): | | | | | | Received |
| CHANGING TYPE OF BUSINESS FROM LLC TO SOLE-PROPRIETOR. | | | | | | 6 |
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| 4. | A Name and address to return asknowledgement convertible form to: | | | | | |
| | TYSO | N TRAN | 16375 N MARKI | ETPLACE B | LVD, NAMPA ID 83687 | ate |
| | (Name) | | (Address) | | | [] |
| _ | . | | | | | Se de |
| 5. Signature of a manager, member, or authorized person. Secretary of State use only | | | | | | Lawerence |
| Prin | Printed Name: TYSON TRAN (OWNER) | | | | | |
| Sigr | Signature: //Sciles | | | | | |
| Prin | Printed Name: N/A | | | | | |