

L140000160459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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Res/mbr  
12.5.14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ingrown Nail Specialists, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kevin Kronawitter  
(Contact Person)

(Firm/Company)

55 West Church St., Apt 2601  
(Address)

Orlando FL 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Kronawitter at 581 504-2197  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

FILED  
STATE DEPARTMENT OF STATE  
14 NOV 24 PM 12:10

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Ingrown Nail Specialists, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L1400160459

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/10/2014

4. I, CW KW, LLC, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Authorized Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)