

L15000155638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

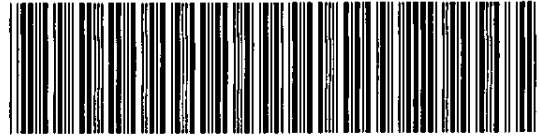
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900296388649

03/14/17--01024--003 \*\*50.00

MAR 15 2017  
S. YOUNG

FILED  
CLERK OF STATE  
TALLAHASSEE, FL 32301  
17 MAR 14 PM 3:01

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Naillinis Spa 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:

Lien Phan

(Contact Person)

Naillinis Spa LLC

(Firm Company)

8542 Palm Parkway

(Address)

Orlando, FL 32836

(City/State and Zip Code)

For further information concerning this matter, please call:

Lien Phan

(Name of Contact Person)

407

at ( )

625-3878

(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 14 PM 3:01



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)

RECEIVED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAR 14 PM 3:01

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Naillinis Spa LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000155638

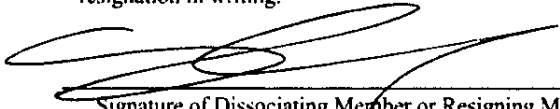
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/14/2017

4. I, Stephanie M Pineda, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized memeber

*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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