L1600005689Z

(Requestor's Name)
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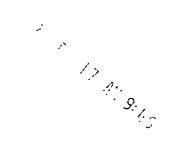
Signation

FEB 02 2021 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SEAMUS NAILS LLC SUBJECT:	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
JAMES TARQUIN	
(Contact Person)	
SHAMUS NAILS LLC	
(Firm/Company)	
1111 NE 25TH AVENUE SUITE 501	
(Address)	
OCALA FLORIDA 34470	
(City/State and Zip Code)	
For further information concerning this r	natter, please call:
JAMES TARQUIN	352 274-8319 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ble to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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)

	Himited liability company as it appears on the records of the Florida Department MUS NAILS LEC
2. The Florida doc L16000056892	ument/registration number assigned to this limited liability company is:
DANVNTAROL	ember/manager withdrew/resigned or will withdraw/resign is: 2017 IN, hereby withdraw/resign as a warm of Person Resigning)
MGR	
resignation in wi	ibility company and affirm the limited liability company has been notified of my riting. Carcalana Carcalana
	S25.00 (Required) S30.00 (Optional)