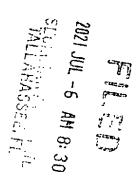
L16000131528

(0
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(exemples Linkly Name)
(Document Number)
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0.15.10.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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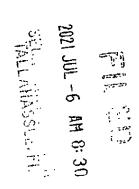
C Kinse

COVER LETTER

_	istration Section		
Div	ision of Corporations		
SUBJECT	: OMG NAILS LI	_C	
		ited Liability Cor	nipany)
The enclose	ed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please retui	rn all correspondence concerning	this matter to:	
Dao Anh T	Nguyen		
	(Contact Person)		_
OMG Nails	LLC		
	(Firm/Company)		-
3013 Del F	rado Boulevard S #11		
	(Address)		-
Cape Cora	al, FL 33904		
•	(City/State and Zip Code)		_
For further	information concerning this matte	er, please call:	
Paula Brov	vn Connor EA	at (239	, 220-5353
(1	Name of Contact Person)		& Daytime Telephone Number)
Enclosed pl	ease find a check made payable to	o the Florida II	Department of State for:
☑ \$25 Filir			g Fee & Certified Copy
	ing Address: istration Section		Street Address:
	ision of Corporations		Registration Section Division of Corporations
	. Box 6327		The Centre of Tallahassee
	ahassee. 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)

1. The name of the	e limited liability company as it appears on the records of the Florida Departmen
of State is:	OMG NAILS LLC
2. The Florida doc	cument/registration number assigned to this limited liability company is:
L16000131528	<u> </u>
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:January 1, 2021
4. I. <u>TRINH C</u> . P	HAN, hereby withdraw/resign as a
(Print)	Name of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
ITIAC	Ram
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv	\$30.00 (Ontional)