

L16000216765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

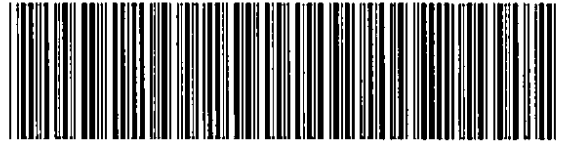
(Business Entity Name)

(Document Number)

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S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GARDEN BAY NAILS & SPA BY BT 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:

BA T LE

\_\_\_\_\_  
(Contact Person)

GARDEN BAY NAILS & SPA BY BT LLC

\_\_\_\_\_  
(Firm/Company)

6754 22ND AVENUE NORTH

\_\_\_\_\_  
(Address)

ST. PETERSBURG, FL 33710

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

BA T LE

\_\_\_\_\_  
(Name of Contact Person)

727 657-1816  
at (\_\_\_\_\_) \_\_\_\_\_  
(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



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 limited liability company as it appears on the records of the Florida Department of State is: GARDEN BAY NAILS & SPA BY BT LLC

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

L16000216765


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/23/2018<sup>1</sup>

4. I, THUY D NGUYEN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(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)