

L17000036012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

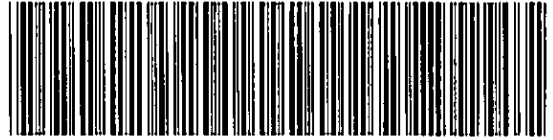
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700315240477

07/03/18--01030--011 \*\*55.00

2018 JUL -2 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

UCS  
07-10-18

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NUWAI HOLDINGS 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:

ROSEMARIE M. LASTIMADO-DRADI

(Contact Person)

(Firm/Company)

P.O. BOX 386

(Address)

Ridgefield, WA 98642

(City/State and Zip Code)

For further information concerning this matter, please call:

Rose Dradi

808

352-8282

at ( )

(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



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: NUWAII HOLDINGS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000036012

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/28/2018  
RoseMarie M. Lastimado-Dradi

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member #2

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

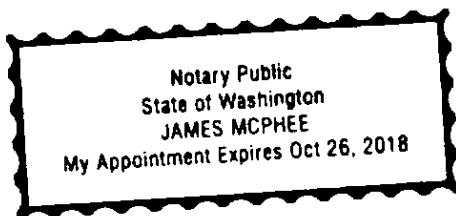
Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2018 JUL -2 AM 9:00  
TALLAHASSEE, FLORIDA

On this 27th day of June, 18, before me personally  
appeared       

**RoseMarie M. Lastimado-Dradi**

C/O NUWAI HOLDINGS LLC, a.k.a NUWAI INTERNATIONAL  
HOLDINGS to me known to be the persons described in and who executed  
the foregoing instrument, and acknowledged that they executed same as their  
free act and deed.



Notary Public Signature, State of WA

*James McPhee*

Print Name of Notary Title (and  
Rank)

My commission expires

OCT 26 2018

2018 JUL -2 AM 9:00  
CLERK JAMES J. STANLEY  
TALLAHASSEE, FLORIDA

FILED