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TO:	Registration Section		
	Division of Corporations		
SUBJ	Parisian Nail Spa Miami, LLC ECT:		
		nited Liability C	ompany)
The er	nclosed member, resignation or dissoc	iation and fee	e(s) are submitted for filing.
Please	return all correspondence concerning	this matter to	o:
Kennet	th Chang, Esq.		
	(Contact Person)		_
Law Of	ffices of Kenneth Chang, P.A.		
	(Firm/Company)		_
9700 St	tirling Road, Suite 109		
	(Address)		_
Cooper	: City, FL 33024		
	(City/State and Zip Code)		 -
For fu	rther information concerning this mat	ter, please cal	I:
Kennet	th Chang, Esq.	954 at (431-3570
	(Name of Contact Person)		de & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: ng Fee & Certified Copy
<u> </u>	or ming rec	וווז ככל ב	ng ree a cerunea copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

CR2E079 (2/14)



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)

	limited liability company a an Nail Spa Miami, LLC	• •	of the Florida E	Departi	nent	
2. The Florida doc	ument/registration number a	assigned to this limited liab	oility company i	s:		
L17000137529						
3. The date this me	ember/manager withdrew/re	signed or will withdraw/re	esign is:	20		
Cindy Jiaxun He	Cindy Jiaxun He , hereby withdraw/resign as a (Print Name of Person Resigning)					
(Print N	fame of Person Resigning)		<u> </u>			
Member						
	(Print Title)					
of this limited lia resignation in wr	bility company and affirm titing.	he limited liability compar	ny has been noti	tied of	`my	
AST.						
Signature of D	issociating Member or Resi	gning Manager				
~	\$25.00 (Required) \$30.00 (Optional)		TALLAR STILAR	2020 HAR	Ţ	