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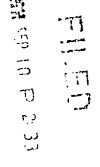
(Requestor's Name)
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D SCOTT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NAIL REPUBLIC & SURFFIDE LICO (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:
NANCY FHAMDINH (Contact Person)
NAIL PEPUBLIC OF SURFSIDE LLC (Firm/Company)
233 11th St. (Address)
MIAM BEACH FL 33139 (City/State and Zip Code)
For further information concerning this matter, please call:
NANCY PHAMDINH at (504) 908-8770 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



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 li	imited liability company as it appears on the records of the Florida Department
of State is:	AIL REpublic of SURFSIDE LLC.
2. The Florida docur	nent/registration number assigned to this limited liability company is:
L 1800C	0155887
3. The date this mem	nber/manager withdrew/resigned or will withdraw/resign is: JULY 15t, 2018
4. I. MA TH (Print Nar	ne of Person Resigning), hereby withdraw/resign as a
	NAGER Print Title)
of this limited liabi resignation in writi	لي lity company and affirm the limited liability company has been notified of my ing.
mula	a vom
Signature of Diss	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)