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09/10/18--01011--003 **25.00



COVER LETTER

Division of Corporations
SUBJECT: SPA REPUBLIC LVC (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 PHAMDINH (Contact Person)
NAIL & SPA REPUBLIO WC (Firm/Company)
233 11th St. (Address)
MIAMI BEACH FLA. 33139 (City/State and Zip Code)
For further information concerning this matter, please call:
NANCT PHAMDINH at (504) 908-8770 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\Bigsquare\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

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 limited liability company as it appears on the records of the Florida Department.	neten on t	
•	arument	
of State is: Nail & Spa Republic LLC	·	
2. The Florida document/registration number assigned to this limited liability company is:		
L 18000157847		
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	lst, 20	218
4. I, MAI THUY N. DO hereby withdraw/resign as a (Print Name of Person Resigning)		
MANAGER (Print Title)		
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of my	#
Signature of Dissociating Member or Resigning Manager		
Signature of Dissociating Member or Resigning Manager	. دن	وبه
	ω	
Filing Fee: \$25.00 (Required)		

Certified Copy: \$30.00 (Optional)