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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: | | stration Section sion of Corporations | | |
|--------|----------------------|--|------------------|--|
| SUBJ | | S&S NAILS LLC | ed Liability Con | npany) |
| The en | nclosed | d member, resignation or dissocia | tion and fee(s |) are submitted for filing. |
| Please | returr | all correspondence concerning t | his matter to: | |
| VINNY | / BUI | | | |
| | | (Contact Person) | | _ |
| | | (Firm/Company) | _ | _ |
| 4140 L | AKEW | OOD RACH BLVD | | |
| | | (Address) | | _ |
| BRAD | ENTO | N FL 34211 | | |
| | | (City/State and Zip Code) | | _ |
| For fu | rther i | nformation concerning this matte | r, please call: | |
| VINNY | y BUI | | 203 at (| 808-1565 |
| | (1) | Name of Contact Person) | (Area Code | & Daytime Telephone Number) |
| | sed ple 5 Filin | ease find a check made payable to g Fee | | Department of State for: g Fee & Certified Copy |
| | Regi Divi P.O. | ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

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)

| The name of the limited liability company as it appears on the record of State is: S&S NAILS LLC | rds of the Florida Department |
|---|--|
| 2. The Florida document/registration number assigned to this limited L18000244303 | liability company is: |
| 3. The date this member/manager withdrew/resigned or will withdraw 4. I, THU TRAN, hereby withdraw, hereby withdraw, hereby withdraw, hereby withdraw | |
| AP (Print Title) | ?ñ2! |
| of this limited liability company and affirm the limited liability com resignation in writing. Signature of Dissociating Member or Resigning Manager | pany has been notified of my services of my service |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | |