## 

(Requestor's Name)			
(Address)			
(Address)			
( identity)			
(2) 10			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certifical copies Certificates of Status			
Special Instructions to Filing Officer:			





06/29/22--01006--004 \*\*25.00





## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Infinity Nail Bar LLC	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Phong Nguyen	
(Contact Person)	<del></del>
1308 W Nine Mile Rd. STE 14	
(Firm/Company)	· <del></del>
(Address)	<del></del>
Pensacola FL 32534	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Phong Nguyen at (	850 3328826
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	e Florida Department of State for:
•	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303



## 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)

CG Infinit			ds of the Florida Department
2. The Florida docu L18000293104	ument/registration number as	ssigned to this limited li	iability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/	/resign is:
Harrison Marria	lame of Person Resigning)		
of this limited lia resignation in wr	iting.		pany has been notified of my
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	FILED 2022 JUN 29 PM 12: OU TALLATIASSEE, FLORIDA