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(Re	questor's Name)			
(Ad	dress)			
(Add	dress)	<u>-</u>		
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

	Registration Section Division of Corporations		•
SUBJECT	NAILS 2000 LLC		
13 () 130 1.		nited Liability Co	ompany)
The end	closed member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please	return all correspondence concerning	this matter to	:
Zoran	Pajkanovic		
	(Contact Person)		
Our Bo	ookkeepers Inc		
	(Firm/Company)		_
13500	Beach Blvd Ste 45	1	
	(Address)		_
Jackso	onville, FL 32225		
	(City/State and Zip Code)	•	.
For fur	ther information concerning this matt	ter, please call	l:
Zoran	Pajkanovic	,904	425-1238ed for
	(Name of Contact Person)	(Area Coo	425-1238ed for le & Daytime Telephone Number)
	ed please find a check made payable. Filing Fee		Department of State for: ng Fee & Certified Copy
Registr Divisio Clifton 2661 E Tallaha	ET/COURIER ADDRESS: ration Section on of Corporations Building executive Center Circle assec, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
CR2E079	F (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)

3. The date this member	/manager withdrew/res	igned or will wi	09. thdraw/resign is:	/17/201	0
TOAN CANUNA	/manager withdrew/res	igned or will wi	09. thdraw/resign is:	/17/201	^
TRAN OANHNA			-		 -
4. I. (Print Name of Person Resigning)		hereby withdraw/resign as a			
(Print Name o	f Person Resigning)	, nereo,	····a···	, ,	910
MGR					2019 SEP 20
(Print	Title)	i, i,			20
of this limited liability resignation in writing.		•		notifiec	l offm =
- Garkin				÷ ;	ა:
Signature of Dissoci	ating Member or Resig	ening Manager			
_	25.00 (Required) 30.00 (Optional)		, Burthale		
			. (. ()		
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