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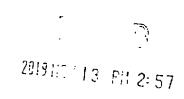
R. WHITE DEC 11 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: N & S VIP SERVICES, LLC		
(Name of Limited)	Liability Company)	
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to:	
PAOLA A VICTORIA		
(Contact Person)		
N&S VIP SERVICES, LLC		
(Firm/Company)		
10222 NW 64TH WAY #301		
(Address)		
DORAL, FLORIDA 33178		
(City/State and Zip Code)		
For further information concerning this matter, p	lease call:	
PAOLA A VICTORIA	754 207 2281	
	Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		

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)

1. The name of the	e limited liability company	as it appears on the records of the Florida Department
of State is: N &	S VIP SERVICES, LLC	;
2. The Florida doc	_	r assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is:
4. I, NICOLAS CAICEDO (Print Name of Person Resigning)		haraku withdraw/nation as a
(Print N	Name of Person Resigning)	, nereby withdraw/resign as a
AMBR		
	(Print Title)	-·
of this limited lia resignation in wr		the limited liability company has been notified of my
hacus	Cuicedo	
Signature of D	issociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	