119000 294 869

•	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
	<u> </u>	

Office Use Only



400338270524

01/03/20--01002--017 **25.00

2570 F.Y2 23 - AH -8: 31

C. GOLDEN Mar 2 4 2020

COVER LETTER

egistration Section	
•	
T: Nick's Auto	o Glass, LLC
(Name of	f Limited Liability Company)
osed member, resignation or dis	ssociation and fee(s) are submitted for filing.
turn all correspondence concert	ning this matter to:
leryna Sinkevy	ch
(Contact Person)	
D : 10	·····
(Firm/Company)	
1 Ripchwood Da	CP
(Address)	
,	
sacola, FLORIda, 3	32503
(City/State and Zip Code)	
er information concerning this	matter, please call:
eruna Sinkevuo	h at 786 405-5720
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
please find a check made paya	ble to the Florida Department of State for:
iling Fee	☐ \$55 Filing Fee & Certified Copy
lailing Address:	Street Address:
Registration Section Registration Section	
· · · · · · · · · · · · · · · · · · ·	
	2415 N. Monroe Street, Suite 810
	Dick's Automated (Name of Corporations) The Nick's Automated (Name of Contact Person) Sinkeyy (Contact Person) Birchwood Pla (Address) City/State and Zip Code) The respondence concerning this (Name of Contact Person) Person Sinkeyy (Name of Contact Person) please find a check made payariling Fee

Tallahassee, FL 32303



2020 HTT 20 FT 12: 54

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2020

KATERYNA SINKEVYCH 4814 BIRCHWOOD PLACE PENSACOLA, FL 32503

SUBJECT: NICK'S AUTO GLASS, LLC

Ref. Number: L19000294869

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your documents were damaged by the Post Office and not suitable for processing. Please complete the enclosed form and resubmit it with the appropriate fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

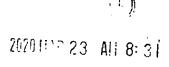
Claretha Golden Regulatory Specialist II

etter Mulliber. Sz

Letter Number: 520A00002381

www.sunbiz.org





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 of State is: Nick's Auto Glass, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L19000294869
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/15/19
4. I. Kateryna Sinkevych., hereby withdraw/resign as a (Print Name of Person Resigning)
AMBR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Al-
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)