

h20 000 342 994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

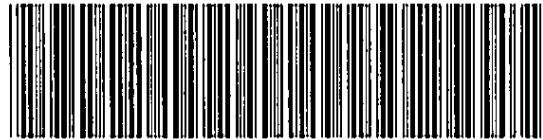
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/21/21--01019--020 **55.00

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JUL 1 2021
PM 2:51

JUL 1 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIAMOND SPA NAILS BY PN LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Suphattra Chatthong

(Contact Person)

DIAMOND SPA NAILS BY PN LLC

(Firm/Company)

1026 SE Port St. Lucie BLVD

(Address)

PORT ST. LUCIE, FL 34952

(City/State and Zip Code)

For further information concerning this matter, please call:

Suphattra Chatthong

(Name of Contact Person)

828 318-4660
at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DIAMOND SPA NAILS BY PN LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000342994

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/5/2021

4. I, Apinya Arends, hereby withdraw/resign as a
(Print Name of Person Resigning)

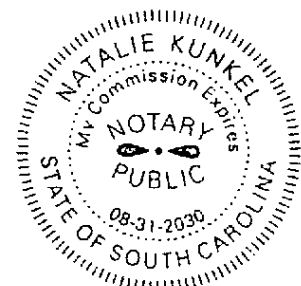
Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)



STATE OF SC
COUNTY OF Horry

Sworn to (or affirmed) and subscribed before me
this 01 day of June 2021 by Apinya Arends

Natalie Kunkel Natalie Kunkel

EXHIBIT D- COVER LETTER

05/22/2021

Apinya,

Attached is the agreement to terminate our business partnership and all of your interest in DIAMOND SPA NAILS BY PN LLC, dba Diamond Spa Nails as well as the two-page form required by the state of Florida to remove you from the LLC.

Print this cover letter, the full agreement, and the LLC Partner Resignation form and have them signed and certified by a licensed notary as the witness to your signature. IMPORTANT: these documents will not be accepted if they are not notarized.

Mail the completed, signed, and notarized documents using certified US mail with return receipt to the following address:

Suphattra Chatthong
DIAMOND SPA NAILS BY PN LLC
1026 SE Port Saint Lucie, BLVD
Port Saint Lucie, FL 34952

If the signed, notarized forms are not received by June 1, 2021, your first payment will be mailed on the first business day following receipt. The payment schedule for the four (4) remaining payments will be adjusted to be made on the first of the month for the following four (4) months. Specific details of this are found in section 1.2.4 of the attached contract.

Provide the address where your checks should be mailed in the space below and return this with the other documents:

1231 Hadley Cir, Unit
1317, Myrtle Beach, SC
29577

I have read and understand the requirements of this cover letter and certify that the address I provided on this letter is where my payments shall be mailed.

Arends^{AA}
Apinya Arenda

Signature: [Signature]
Date: 06/01/2021

Witness: Dawn Mediate
Signature: [Signature]
Date: 06/01/2021

STATE OF SC
COUNTY OF Worcester

Sworn to (or affirmed) and subscribed before me
this 01 day of JUNE 2021, by Apinya Arenda

Natalie Kunkel
Notary Public's Signature
My Commission Expires on 08-31-2030
Natalie Kunkel
Notary Name

