

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : FLL BUSINESS SOLUTION CORP
Account Number : 120190006092
Phone : (754) 202-8663
Fax Number : (786) 636-2620

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FLLBusiness@outlook.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NABETSY STYLISH LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 AUG -2 AM 10: 06

APPROVED
 AND
 FILED

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NABESTY STYLISH 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:

XIANNY CHINCHILLA

(Contact Person)

FLL BUSINESS SOLUTION CORP

(Firm/Company)

8350 W STATE ROAD 84

(Address)

DAVIE, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

XIANNY CHINCHILLA

754

202-8663

at ()

(Name of Contact Person)

(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: NABETSY STYLISH LLC

2. The Florida document/registration number assigned to this limited liability company is:
L22000131365

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/01/2022

4. I, MIRIAM PANCORBO FIGUEROA, hereby withdraw/resign as a
(Print Name of Person Resigning)

AUTHORIZED MEMBER

(Print Title)

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

Miriam Pancorbo Figueroa

Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA