L23000118608

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

Office Use Only



600406104086

04/13/23--01015--023 **25.00

ALLAHASSEE PROBING

14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nails Amour & Spa 1/(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:
THUH H MANG. (Contact Person)
Nails Amour & Spall (Firm/Company)
2007 SW 1954 Ave (Address)
Milamai F1 3307-9 (City/State and Zip Code)
For further information concerning this matter, please call:
THULL 11. DAV6 (Name of Contact Person) at (954, 3383113) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 l	imited liability company as	it appears on the records	s of the Florida Department
of State is: <u>M</u>	ails Amour & C	pa, LLC	·
2. The Florida docum	ment/registration number as	ssigned to this limited lial	bility company is:
L2300	0118608	·	
3. The date this men	nber/manager withdrew/res	igned or will withdraw/re	esign is: $3/20/23$
Λ 1.1	To UM G me of Person Resigning)		
MGR	Print Title)		
of this limited liab resignation in writ	ility company and affirm thing.	e limited liability compa	ny has been notified of my
And	1/m		2023 AI Secre Talla
Signature of Dis	sociating Member or Resign	ning Manager	TARY IASSE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TORING SECTION OF THE PROPERTY