L23000294702

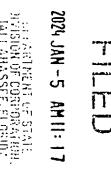
(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
\-	,			
Certified Copies	Certificates	of Status		
Certified Copies	_ Certinoates	Or Otatus		
Special Instructions to	Filing Officer:			

Office Use Only



800421351478

01/05/24--01010--020 *+55.00



A. PARISHANI FEB - 3 2024

COVER LETTER

2024 JAN - 5 AM II: I

TO: Registration Section Division of Corporations

SUBJECT:	PURE	NAIL	9411100	LLC	<u> 고급</u>
(Name of Limited Liability Company)					
The enclosed member, resigna	ation or disso	ciation and	d fee(s) are s	ubmitted for	filing.
Please return all corresponden	ce concernin	g this mat	ter to:		
Manda P		anh			
PURC Na. (Firm/Cor	Studi	D .			
(Address	SCOOT.	1035	9th SI	r. Apt	. 15
(City/State an	b(A(M)) d Zip Code)	FL ?	33139		
For further information concer	rning this ma	tter, pleaso	e cail:		
Manida Phoms (Name of Contact Per	savanh rson)	at (<u>[</u> (Area	14) 4 a Code & Day	39-42 time Telepho	one Number)
Enclosed please find a check r ☐ \$25 Filing Fee	nade payable		orida Departn Filing Fee &		

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:F	'UPC Nail	Stuido	LLC
2. The Florida doci	.ment/registratio	n number assi	gned to this limited liability company is:
L	23000294	1702	·
3. The date this me	mber/manager w	rithdrew/resign	ned or will withdraw/resign is: i212612023
4.1. <u>Manida</u>	Phomsavar ame of Person Resig	nh	, hereby withdraw/resign as a
<u></u> mı	MOTE (Print Title)	·	
of this limited lia resignation in wr		nd affirm the l	limited liability company has been notified of my
	da Phom		
Signature of Di	ssociating Meml	oer or Kesignii	ng Manager
Filing Fee: Certified Copy:			