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TÄLLAHASSEE, FLORIDA

24 MAY 22 PH 3: 00

COVER LETTER

TO:	-	stration Section		
	Divis	sion of Corporations		
SUB.	JECT:	A & S Spa Nails LLC		
		(Name of	Limited Liability C	ompany)
The e	nclosec	l member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please	e return	all correspondence concern	ing this matter to	ot.
ALLI	SON SO	CCORSO		
		(Contact Person)		
A & S	Spa Nai	Is LLC		
		(Firm/Company)		
3463 F	EDGEW.	ATER DR		
		(Address)		
ORLA	NDO, F	L 33804		
		(City/State and Zip Code)		
For fi	irther ii	nformation concerning this n	natter, please cal	II:
ALLI	SON SO	CCORSO	617 at (7500466 1
	(N	ame of Contact Person)		de & Daytime Telephone Number)
	sed ple 5 Filing	rase tīnd a check made payat g Fee		i Department of State for: ng Fee & Certified Copy
		ng Address:		Street Address:
		stration Section sion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



FILED

2024 MAY 22 PM 3: 00

TÀLL AHASSEE, FLORIDA 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)

	imited liability company as it appears on the records of the Florida Departmen
	ment/registration number assigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is:
Waller IS	. hereby withdraw/resign as a me of Person Resigning)
Manager	
0	rint Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
\₹	Jewin Jemin
Signature of Dis	sociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)