

L24 000 221456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

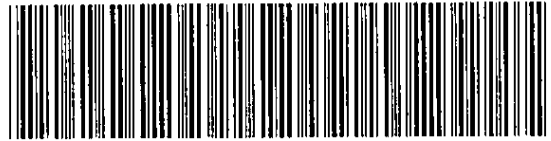
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. HORNE  
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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

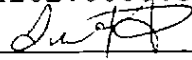
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2024 SEP 10 AM 9:49

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00 \_\_\_\_\_

AUTHORIZATION SIGNATURE: 

Dylan Bleu Nail Spa LLC L24000221456

BUSINESS ( Name)

Document #.

\_\_\_ Walk in

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\_\_\_ **Certified Copy**

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**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ CORP

\_\_\_ LLLP

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

☒ Dissociation or Resignation

\_\_\_ Merger

\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Trademark

\_\_\_ STATEMENT OF AUTHORITY

**EXAMINER'S INITIALS:** \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$25.00\_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Dylan Bleu Nail Spa LLC L24000221456

BUSINESS ( Name)

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EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dylan Bleu Nail Spa 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:

Andy Gaunce

\_\_\_\_\_  
(Contact Person)

Gaunce Law PLLC

\_\_\_\_\_  
(Firm/Company)

2525 1st Ave S

\_\_\_\_\_  
(Address)

St Petersburg, FL 33703

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andy Gaunce

\_\_\_\_\_  
(Name of Contact Person)

at ( 727 ) 614-0550  
\_\_\_\_\_  
(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

FILED  
2024 SEP 10 AM 9:50

**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: Dylan Bleu Nail Spa LLC

2. The Florida document/registration number assigned to this limited liability company is:  
124000221456

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 13, 2024

4. I, LHL Venture LLC, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member  
(Print Title)

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

Signed by:

Tien Ho

as manager for LHL Venture LLC

8106346D92AA412...

Signature of Dissociating Member or Resigning Manager

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