

L15000153272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

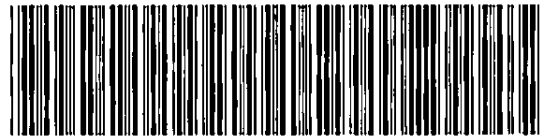
(Business Entity Name)

(Document Number)

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

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L15-153272

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2017 AUG 28 PM 4: 18

N. CAUSSEAU

AUG 30 2017

L15-153272

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 10/10 Development Group 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:

AGustin Shqalsi  
\_\_\_\_\_  
(Contact Person)

10/10 Development Group LLC  
\_\_\_\_\_  
(Firm/Company)

1640 E Sunrise Blvd., Unit 2715  
\_\_\_\_\_  
(Address)

Fort Lauderdale , FL 33304  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Agustin Shqalsi at ( 954 ) 234 - 1798  
\_\_\_\_\_  
(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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E079 (2/14)

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2017 AUG -8 AM 11:21  
TALLAHASSEE, FLORIDA

Not



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2017

AGUSTIN SHQALSI  
10/10 DEVELOPMENT GROUP LLC  
1640 E. SUNRISE BLVD., UNIT 2715  
FT. LAUDERDALE, FL 33304

SUBJECT: 10/10 DEVELOPMENT GROUP LLC  
Ref. Number: L15000153272

We have received your document for 10/10 DEVELOPMENT GROUP LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 817A00016463



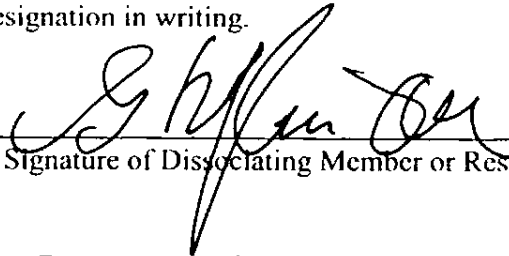
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: 10/10 Development Group LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000153272
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2017
4. I, Xu, Shufen, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

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DIVISION OF CORPORATIONS  
2017 AUG 28 PM 4: 18