

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000100290

Entity Name: RICH LEE 2 LLC**Current Principal Place of Business:**10450 GULF BLVD
TREASURE ISLAND, FL 33706**Current Mailing Address:**10450 GULF BLVD
TREASURE ISLAND, FL 33706 US**FEI Number:** 82-1429323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WU, BO
10450 GULF BLVD
TREASURE ISLAND, FL 33706 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|--------------------------|
| Title | MGR |
| Name | WU, BO |
| Address | 10450 GULF BLVD |
| City-State-Zip: | TREASURE ISLAND FL 33706 |

| | |
|-----------------|--------------------------|
| Title | AMBR |
| Name | LI, YING |
| Address | 10450 GULF BLVD |
| City-State-Zip: | TREASURE ISLAND FL 33706 |

| | |
|-----------------|--------------------------|
| Title | AMBR |
| Name | WANG, HAIYUN |
| Address | 10450 GULF BLVD |
| City-State-Zip: | TREASURE ISLAND FL 33706 |

| | |
|-----------------|--------------------------|
| Title | AMBR |
| Name | MEIJU.AI INC |
| Address | 10450 GULF BLVD |
| City-State-Zip: | TREASURE ISLAND FL 33706 |

| | |
|-----------------|--------------------------|
| Title | AUTHORIZED MEMBER |
| Name | FU, JIANPING |
| Address | 10450 GULF BLVD |
| City-State-Zip: | TREASURE ISLAND FL 33706 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BO WU**MANAGER****04/04/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date