

2018 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****03/07/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date