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(City/State/Zip/Phone #)			
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COVER LETTER ...

TO:	Registration Section Division of Corporations	
SUBJ		OUP. L.L.C.
3010		ed Liability Company)
The e	nclosed member, resignation or dissociat	tion and fee(s) are submitted for filing.
Please	e return all correspondence concerning th	nis matter to:
СН	ANUN PARK	
	(Contact Person)	
СНК	O GROUP, L.L.C.	
	(Firm/Company)	
1220 I	BUSINESS WAY, UNIT 1	
	(Address)	
LEHIO	GH ACRES. FL 33936	
	(City/State and Zip Coxle)	
For fu	irther information concerning this matte	r, please call:
CHA	NUN PARK	239 839-7345 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	osed please find a check made payable to 5 Filing Fee	the Florida Department of State for: \$\Boxed{\Boxesia} \\$55 \text{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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	Timited liability company as	s it appears on the records of the Florida Department
2. The Florida doci	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
CU	ANUNDADZ	, hereby withdraw/resign as a
	naging Member	
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
cha	num Park	<u> </u>
Signature of D	issociating Member or Resig	 -
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	ALLAHAS ALLAHAS