L 08000038685

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
:			

Office Use Only



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SECRETARY OF SAME TO SECRETARY OF SAME TO SECRETARY OF SAME TO SECRETARY OF SAME TO SA

Officer Resignation

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CHIANYAI LLC					
	d Liability Comp	any)	 .		
The enclosed member, resignation or dissociat	ion and fee(s)	are submitted for filing.			
Please return all correspondence concerning th	is matter to:				
MICHAEL LOWE	•				
(Contact Person)					
(Firm/Company)					
PO BOX 2697					
(Address)					
KEY WEST, FL 33045					
(City/State and Zip Code)			-1		
For further information concerning this matter	, please call:		VLLV SECKE	19. 19.	""
MICHAEL LOWE	305	294-2277	15.SS		pa same
(Name of Contact Person)	(Area Code A	& Daytime Telephone Num	iber)	70 24:	12-4-4
Enclosed please find a check made payable to \$25 Filing Fee	the Florida De	epartment of State for: Fee & Certified Copy		=======================================	
		,	•		

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



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)

The name of the limited liability company as i of State is: CHIANYAI LLC	it appears on the records of the Florida Department
2. The Florida document/registration number ass L08000038685	signed to this limited liability company is:
3. The date this member/manager withdrew/resignation	gned or will withdraw/resign is:
4. 1, LOWE, MARCUS (Print Name of Person Resigning)	
S	,
(Print Title)	SECRE ALLA
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Molowe	
Signature of Dissociating Member or Resign	ning Manager
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)