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COVER LETTER

Division of Corporations	
SUBJECT: Feng Vame of Limited	ng LLC Liability Company)
The enclosed member, managing member or mafiling.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning thi	s matter to:
Xevin Lin (Contact Person)	
· (Firm/Company)	
14965 01d St Au	gustine Rd. # 106.
14965 Old St Au (Address) Lank Son Ville FL (City/State and Zip Code)	32258 EST
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
ZDD I EXECUTIVE L'ENTER CARCLE	Lauanassee, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

•						
1. The name of the li	mited liability compa	any as it appears	on the records of	the Florida Dep	artmei	nt
of State is:	eng Ya	ng, L	Lo			•
2. This limited liabil	· · · · · · · · · · · · · · · · · · ·	anized under the				
3. The Florida docur	nent/registration num		d liability compa	any is:		
4.1, LINN:L	•		oy resign as a/	MGMR_ (Print Title)		
of this limited liabi resignation in writi	lity company and affing.	irm the limited lia	ability company	has been notified	l of m	У
Signature of Resig	ning Member, Manag	ging Member or N	Manager			
Filing Fee:	\$25.00 (Required)				88 KOV	47
Certified Copy:	\$30.00 (Optional)			ASSEC	$\overline{\infty}$	
					AH 10: 51	

CR2E079 (5/06)