L10000081869

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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2012 MAR 26 PM 4: 15
SECRETARY OF STATE

J. BRYAN

MAR 27 2012

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Hunan Wok Delray LLC (Name of Limited L	
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Adam J. Gersten	22
(Contact Person)	SECE ALL
Gersten & Muir, P.A.	2012 MAR 26 PM SECRETARY OF TALLAHASSEE. F
(Firm/Company)	SEE 6
2601 Biscayne Boulevard	SEE. FLORI
(Address)	TO TO
Miami, Florida 33137	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Adam J. Gersten	786 533-1100
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	, P.O. Box 6327
2661 Executive Center Circle	Tallahassee, 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 limited liability company as it ap of State is: Hunan Wok Delray LLC	opears on the records of the Fl	·	ent
2. This limited liability company was organized und The State of Florida	ler the laws of:	2012 MAR 26 SECRETARY TALLAHASSE	7
3. The Florida document/registration number of this L10000081869	limited liability company is:	PH 4: 15 OF STATE EE. FLORIDA	C
4. I, Ying Lin (Print Name of Person Resigning)	, hereby resign as a Mana	ging Mem	ber
of this limited liability company and affirm the liming resignation in writing.	nited liability company has bee	•	ny
Signature of Resigning Member, Managing Memb	oer or Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)			