

**L10000107774**

**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 617-6383

**From:**  
Account Name : RACHEL STU  
Account Number : I20010000073  
Phone : (407) 679-2433  
Fax Number : (407) 671-4352

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
KOBE SUSHI & GRILL, LLC.**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kobe Sushi & Grill, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Rachel Siu

(Contact Person)

Siu & Zanowick, CPAs

(Firm/Company)

5100 Old Howell Branch Road

(Address)

Winter Park, FL 32792

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Siu

(Name of Contact Person)

at ( 407 ) 679-2433

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

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**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



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12 APR 10 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 appears on the records of the Florida Department of State is: Kobe Sushi & Grill, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L10000107774

4. I, Qing Jin Lu, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)