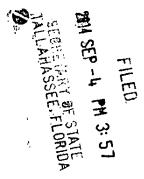
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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

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August 14, 2014

Chansone Chanhthamaly Sushi Yama Laos LLC 8788 Boynton Beach Blvd #102A Boynton Beach, FL 33472

SUBJECT: SUSHI YAMA LAOS LLC

Ref. Number: L12000018363

We have received your document for SUSHI YAMA LAOS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 514A00017536

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SuSm Yama Laos LLC (Name of Limited Liability Company)		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Chansone chanhthamaly (Contact Person)		
(Contact Person)		
Sushi Yama Lws LL (Firm/Company)		
(Firm/Company)		
8788 Boynton Beach Blud #102		
(Address)		
Boynton Beach, PL 33072 (City/State and Zip Code)		
(City/state and Zip Code)		
For further information concerning this matter, please call:		
Chansone Chankthamal (561) 336-2156. (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number		
Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$ \$\\$\\$25 \text{Filing Fee}\$ \subset\$ \$\\$\\$55 \text{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		

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

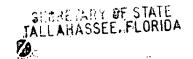
Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

2814 SEP -4 PM 3: 57



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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Sussi Gama Laos UC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
_L1200	∞18363
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 8-14.14.
4. I,	, hereby withdraw/resign as a fame of Person Resigning)
Owner	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of p	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)