L12000062332

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



100277595121

10/02/15--01024--018 **25.00

2015 0CT -2 AM 8: 08

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations				
SUBJECT:	HALO FISHING LLC				
SOBJECT.	(Name of Limited Liability Company)				
The enclosed	I member, resignation or dissocia	ation and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning	his matter to:			
LUYI ZHAN	IG				
	(Contact Person)		_		
HALO FISH	HING LLC				
	(Firm/Company)		_		
6925 NW L	TC PARKWAY				
	(Address)		_		
PORT ST L	UCIE, FL 34986				
	(City/State and Zip Code)		_		
For further in	nformation concerning this matte	er, please call:			
LUYI ZHAN	NG	954 at (899-4756		
(N	ame of Contact Person)	\	& Daytime Telephone Number)		
Enclosed ple \$25 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy		
Registration Division of Clifton Build 2661 Execut	Corporations		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)

	imited liability company as it a	appears on the records of the I	Plorida Department
2. The Florida documents	ment/registration number assig	ned to this limited liability co	mpany is:
	me of Person Resigning)		
of this limited liab resignation in writ	Print Title) ility company and affirm the li		een notified of my 107 - 2 M 8 08
	\$25.00 (Required) \$30.00 (Optional)		