

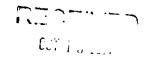
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

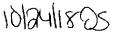
Office Use Only



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10/16/18--01029--025 \*\*55.00





## **COVER LETTER**

TO: Registration Sect	tion			
Division of Corp	orations			
SUBJECT: Baoshi LL	.C			
	(Name of	Limited Liability Co.	mpany)	<del>.</del>
The enclosed member, re	esignation or dis	sociation and fee(	s) are submitted for fi	ling.
Please return all correspo	ondence concern	ing this matter to:		
Gustavo Gomez				
(C	ontact Person)		_	
				7.3
	irm/Company)	<u> </u>	_	
	into Company)			: =
460 NE 28th St, APT	3401			:;. s
	(Address)		_	>
Miami, FL 33137				<u>ু</u> গু
(City/S	State and Zip Code)		_	23
For further information of	concerning this n	natter, please call:		
Gustavo Gomez		305 at (	3369684	
(Name of Conta	act Person)		e & Daytime Telephone	Number)
Enclosed please find a cl ☐ \$25 Filing Fee	heck made payab		Department of State for great to the period of the period	
STREET/COURIER A	DDRESS:		MAILING ADDRI	
Registration Section Division of Corporations	e.		Registration Section	
Clifton Building	•		Division of Corpora P.O. Box 6327	UONS
2661 Executive Center C			Tallahassee, Florida	. 32314
Tallahassee, Florida 323	01			

CR2E079 (2/14)



## 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)

1. The name of the	limited liability company	as it appears on the records	of the Florida Department
of State is: Bao	shi LLC		<u></u> -
2. The Florida doc	ument/registration number	r assigned to this limited lial	bility company is:
L1200010684	0		
3. The date this mo	_	resigned or will withdraw/ro	
4. I,	lame of Person Resigning)	, hereby withdraw/r	esign as a
MGRM	and by t erson Resigning		# 1 Q
	(Print Title)	- <b>·</b>	
of this limited lia resignation in wr		the limited liability compar	ny has been notified of my
Signature of D	Succiating Member or Res	signing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		