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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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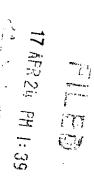
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## **COVER LETTER**

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the Florida \$55 Filin	Department of State for: ng Fee & Certified Copy
	MAILING ADDRESS:
	Registration Section
	Division of Corporations P.O. Box 6327
	Tallahassee, Florida 32314
	er, please call  at (Area Code) the Florida

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

2. The Florida doc L1400007518	ument/registration number assigned to this limited	liability company is:
Guandhua V	ember/manager withdrew/resigned or will withdraw ang	
(Print )	iame of Person Resigning), hereby withdray	aviesiRii na n
Member and	Мападег	
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability comiting.	• •
Guangh	ea Yang	êPR 24
Signature of Di	ssociating Member or Resigning Manager	<u>.                                    </u>
Signature or Di		
Signature of Di		* ************************************

Certified Copy: