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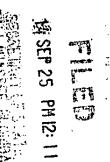
(Requestor's I	Name)
(Address)	
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OCT 0 3 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: MASSAGE ORIE	ENT , 22 C Limited Liability Company)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
AARON WANG (Contact Person)	
(Contact Person)	
MASSAGE ORIENT (Firm/Company)	LLC
10969 Peppermill (Address)	2N
Jacksonville /FL. (City/State and Zip Code)	32257
For further information concerning this m	atter, please call:
AARON WANG	at (90 4) 999 - 7330 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Área Code & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee	le to the Florida Department of State for: \$\square\$ \$
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

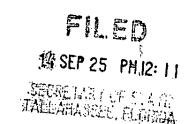
CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

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)

1. The name of the limited liability company as it appears on the records of the Florida Department		
of State is: MASSAGE ORIENT, LLC.		
2. The Florida document/registration number assigned to this limited liability company is:		
114000075875		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{9/23/2014}{}$		
4. I, XIU LI CHEW, hereby withdraw/resign as a (Print Name of Person Resigning)		
MANAGER (MGR.) (Print Title)		
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.		
9-22-14 KEMPLE MAYS		
Signature of Dissociating Member or Resigning Manager Notary Public - State of Florida My Comm. Expires Mar 9, 2017 Commission # EE 881645		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)