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COVER LETTER

	gistration Section vision of Corporations		
SUBJEC'	Team Sun Martial Arts LLC		
	(Name of Limi	ted Liability Cor	npany)
The enclo	sed member, resignation or dissocia	ation and fee(s	e) are submitted for filing.
Please ret	urn all correspondence concerning t	this matter to:	
J. Bentoi	n Stewart II		
	(Contact Person)		_
Stewart I	_aw PLLC		
<u> </u>	(Firm/Company)		_
11705 B	oyette Rd Suite 205		_
	(Address)		_
Riverviev	w FL 33569		
	(City/State and Zip Code)		_
For furthe	r information concerning this matte	er, please call:	
J. Bentoi	n Stewart	813 at (354-6446
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed	please find a check made payable to ing Fee		Department of State for: Fee & Certified Copy
Registration of Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations ailding cutive Center Circle ee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 ap	opears on the records of the l	Florida Department	
of State is:	m Sun Martial Arts LLC			
2. The Florida docs L1500001761	ument/registration number assign	ed to this limited liability co	mpany is:	
3. The date this me	mber/manager withdrew/resigned	d or will withdraw/resign is:	8/24/2015	
4. I, Heewon Kim	lame of Person Resigning)	, hereby withdraw/resign as	a	
AMBR				
-	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the limiting.	nited liability company has b	een notified of my 285 AUG 27	7
Signature of D	ssociating Member or Resigning	Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		P. 26 LORDA	