## L15000090695

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M. MILLIGAN AUG 29 2017

## **COVER LETTER**

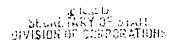
TO: Registration Section Division of Corporations					
SUBJECT: CVV Tallahassee Management LLC (Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Ping Wu. (Contact Person)					
CiW Tallahasse Management 1/C (Firm/Company)					
2400 Fred Smith Rd. #107 (Address)					
Tallahassee FL 32303 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Phy Wu at (850) 339-2389 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\\$25\$ Filing Fee \text{Certified Copy}\$					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					

CR2E079 (12/13)

Tallahassee, Florida 32301

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the lim of State is:	nited liability company as it D. CISV Tallalas	appears on the records of see Manage	of the Florida Department
	ent/registration number of the		pany is:
3. The date this memb	oer withdrew or will withdra	w is: 8/29/201	7
4.1. Print Name	Uu e of Person Resigning)	, hereby resign as a _	(Princille)
of this limited liabili resignation in writin	ty company and affirm the ig.	limited liability compan	y has been notified of my
	:9 Wn		
Signature of Resig	ning or Dissociating Mana	ger, Member	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		