L15000153272

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

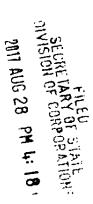
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L15-153272 Diss of Mem

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N. CAUSSEAUX AUG 3 0 2017

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: 10/10	Development Group L	LC		
	(Name of Lim	ited Liability Com	iban'y)	
The enclosed memb	er, resignation or dissoci	ation and fee(s) are submitted for fili	ng.
Please return all correspondence concerning this matter to:				201 JAL
AGustin Shqalsi				2017 AUG - 8 AI
	(Contact Person)			(S) (S) (S)
10/10 Developme	nt Group LLC			AM I: 29
	(Firm/Company)		•) (See 1975)
1640 E Sunrise Bl	vd., Unit 2715			T.
	(Address)	, ,	-	
Fort Lauderdale .	FL 33304			
(City/State and Zip Code)		-	
For further informat	ion concerning this matte	er, please call:	•	
Agustin Shqalsi		954 at (234 - 1798	
(Name of	Contact Person)	_ \	& Daytime Telephone	Number)
Enclosed please find □ \$25 Filing Fee	l a check made payable to		epartment of State for Fee & Certified Copy	

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2017

AGUSTIN SHQALSI 10/10 DEVELOPMENT GROUP LLC 1640 E. SUNRISE BLVD., UNIT 2715 FT. LAUDERDALE, FL 33304

SUBJECT: 10/10 DEVELOPMENT GROUP LLC

Ref. Number: L15000153272

We have received your document for 10/10 DEVELOPMENT GROUP LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 817A00016463

Nanette Causseaux Regulatory Specialist II Supervisor



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)

	limited liability company as 0 Development Group LL	s it appears on the records of the Floric	la Depar	tment
2. The Florida doc L1500015327		ssigned to this limited liability compar	ny is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:	1/2017	
Xu Shufen		, hereby withdraw/resign as a		
(Print N MGR	(ame of Person Resigning)			
of this limited lia resignation in wr		ne limited liability company has been n	otified o	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	- C	2017 AUG	DIVISION O