## L/6000/66424

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Cit	y/otate/Zip/Pnon	<del>e #</del> )	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Sasinoso Linas, reality)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



300298056753

05/03/17--01016--008 \*\*25.00 .

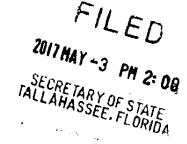
FILED

NOTINAY -3 PH 2: 00

SECRETARY OF STATE

K. SALY MAY -5 2017





## 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)

	Elimited liability company as it a	appears on the records of the Florida Department LC
2. The Florida doc L1600016642	•	ned to this limited liability company is:
		ed or will withdraw/resign is:
4. I, OHNNY CH	HEE-HOW Name of Person Resigning)	_, hereby withdraw/resign as a
GENERAL M		
	(Print Title)	
of this limited lia resignation in w		mited liability company has been notified of my
Signature of D	issociating Member or Resignin	g Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	