116000218930

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	 e #)
PICK-UP	MAIT	MAIL
(B	usiness Entity Nan	ne)
(Document Number)		
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COVER LETTER

TO:	Regis	tration Section		
	Divis	ion of Corporations		
SUBJ	ECT:	STARKE ASIAN MASSAGE LI	C	
		(Name of	Limited Liability Co	ompany)
The er	nclosed	member, resignation or diss	sociation and fee	(s) are submitted for filing.
Please	return	all correspondence concerni	ing this matter to):
Bin Liu	ıl			
	•	(Contact Person)		
STARE	CE ASTA	N MASSAGE LLC		
		(Firm/Company)		_
1640 S	WALN	UT ST STE B		
-	-	(Address)		
STARK	KE. FL 3	2091		
		(City/State and Zip Code)		
For fu	rther in	formation concerning this m	atter, please call	l:
Bin Liu	1		904 at (964-2680
	(Na	ime of Contact Person)		le & Daytime Telephone Number)
Enclos	sed plea	ise find a check made payab	le to the Florida	Department of State for:
	Filing			ng Fee & Certified Copy
	Mailin	g Address:		Street Address:
	Regist	tration Section		Registration Section
		on of Corporations		Division of Corporations
		Box 6327 assee, FL 32314		The Centre of Tallahassee
	i airai	idoacc, 1 12 22 1 4		2415 N. Monroe Street, Suite 810 Tallabassee, FL 32303





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)

	e limited liability company as it appears on the records of the Florida Department
2. The Florida doc L16000218930	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
Guirona Wana	, hereby withdraw/resign as a vame of Person Resigning)
Manager & Mem	
·	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my riting.
(xu) Run	9 (van 9
Signature of D	J wan J issociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)