L17000000 195

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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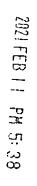
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02/11/21--01017--014 **25.00

APR 0.1 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Vivi Bubble (Name of	Limited Liability Company)
The enclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
Sam Lau (Contact Person)	: : •
V: V: Bubble Tea (Firm/Company)	<u> </u>
1111 E COLONIA 1 Dr (Address)	
Orlands FL 32805 (City/State and Zip Code)	3
For further information concerning this n	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payal S25 Filing Fee	ble to the Florida Department of State for: \$\sum_{\text{\tinte\text{\tint{\text{\tin}\text{\texi}\text{\text{\text{\texiclex{\text{\texi}\text{\text{\texit{\text{\text{\text{\text{\texi}\text{\texit{\text{\ti
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 cor	npany as it a	appears on the recor	ds of the Florida Department
of State is:	Livi Rubble	Tea	LLC	
2. The Florida docu	iment/registration n	umberassig	ned to this limited li	iability company is:
L170000	00195		·	
3. The date this me	mber/manager with	drew/resign	ed or will withdraw	/resign is: \/\/2\
4. 1, <u>Sam</u> (Print N	LOU ame of Person Resignir	ig) - ‡	, hereby withdraw/resign as a	
•	Pern Title)	į.		
of this limited lial resignation in wr		affirm the li	mited liability comp	oany has been notified of my
A				
Signature of Di	ssociating Member	or Resignin	g Manager	202
	\$25.00 (Require \$30.00 (Options			2021 FEB 1 1 PM 5
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