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COVER LETTER

	Registration Section		
L	Division of Corporations		1
SUBJEC	CT:	ESTMENT LLO	<u> </u>
	(Name of Li	mited Liability Cor	inpany)
The encl	losed member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please re	eturn all correspondence concerning	g this matter to:	
XIN CH	IEUNG		
	(Contact Person)		
	(Firm/Company)		_
7007 EI	DGEWORTH DRIVE		
	(Address)		_
ORLAN	IDO/FL 32819		
	(City/State and Zip Code)		_
For furth	ner information concerning this ma	tter, please call:	
XIN CH	EUNG	407 at (6192636
	(Name of Contact Person)		& Daytime Telephone Number)
	d please find a check made payable iling Fee		Department of State for: 3 Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
_	tion Section of Corporations		Registration Section Division of Corporations
Clifton E	Building		P.O. Box 6327
	ecutive Center Circle see. Florida 32301		Tallahassee, Florida 32314

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)

	he limited liability company as J INTERNATIONAL INVEST	it appears on the records of the F	lorida D	epartr	nent
2. The Florida de L170000123	-	ssigned to this limited liability cor	npany is	;: 28	
XIN Y CHE	EUNG	igned or will withdraw/resign is:, hereby withdraw/resign as	10/24/2	186cT 29	
(Prin	nt Name of Person Resigning)			A	
of this limited		ne limited liability company has be	en notif	မှာ မြင့် (ied of	my
Signature of	Dissociating Member or Resig	ning Manager			
Filing Fee:	\$25.00 (Required)				

Certified Copy: \$30.00 (Optional)