11700co 92431

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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
Subject: Subject:				
_ 	ted Liability Con	npany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Brent D. Klein, Esq.				
(Contact Person)		-		
(Firm/Company)		-		
3850 Bird Road, Suite 602				
(Address)		-		
Miami, FL 33146				
(City/State and Zip Code)		-		
For further information concerning this matter, please call:				
Brent D. Klein, Esq.	305	789-2772		
(Name of Contact Person)		& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\text{\$\text{\$\text{Piling Fee}\$}}}\$\$ \$\text{\$\$\}\$}				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

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SECRETARY OF STATE TALLAHASSES, FL

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 li of State is:		ppears on the records of the Florida Department.
2. The Florida docum L17000092431	nent/registration number assig	ned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigne	ed or will withdraw/resign is: Oct. 31, 2018
4. I,	neim	, hereby withdraw/resign as a
Manager		
(F	Print Title)	
of this limited liabi resignation in writ	• •	mited liability company has been notified of my
Lu loui	ı Wu	
Signature of Dis	sociating Member or Resignin	g Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	