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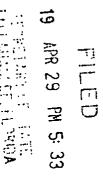
(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Sushi Experience, LLC
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
VU Quang Mieu (Contact Person)
The Sushi Experience (Firm/Company)
8979 SW 17 CT (Address)
MIRCOMOR FL 33025 (City/State and Zip Code)
For further information concerning this matter, please call:
LOUIS Aguila at (407) 913-8303 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANYS (Pursuant to 605.0216, Florida Statutes)

	န္ <del>င္တာက</del> ယ သ
1. The name of the limited liability company as it appears on the records of the I of State is: The Sushi Experience, Luc	
2. The Florida document/registration number assigned to this limited liability co	mpany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	4/23/2019
4. I, VU QUANG Thill hereby withdraw/resign as	a
Manager (Print Dile)	
of this limited liability company and affirm the limited liability company has be resignation in writing.	een notified of my
Signature of Dissociating Member or Resigning Manager	

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)