

O SIMMONS
MAY 08 2019

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 Thieu
(Contact Person)

The sushi experience
(Firm/Company)

8979 SW 17 CT
(Address)

MIRAMAR, FL 33025
(City/State and Zip Code)

For further information concerning this matter, please call:

LOUIS Aquila at (407) 913-8303
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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



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)

FILED
19 APR 29 PM 5:33
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Sushi Experience, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L18000010699

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/23/2019

4. I, Vu Quang Thieu, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)