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(Reque	estor's Name)	
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(City/9	tate/Zip/Phone #	
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PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)
(Docur	ment Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to Fili	ng Officer:	
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COVER LETTER

Division of Corporations				
SUBJECT: United Kestaurant (Name of Limited L	Management iability Company)	Group	LLC	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this i	natter to:			
(Contact Person)				
United Restaurant Mangemer	nt Group LLC			
7714 Treasure Que Cir.				
Fort Lauderdale, FL 333 (City/State and Zip Code)	12			
For further information concerning this matter, please call:				
(Name of Contact Person) at (305) 318 Area Code & Daytimo		Number)	
Enclosed please find a check made payable to the S25 Filing Fee	•			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registrati Division P.O. Box	G ADDRE ion Section of Corporat 6327 ee, Florida	ions	

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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 company as it appears on the records of the Florida Department	l
of State is: United Restaurant Management Group LC.	
2. The Florida document/registration number assigned to this limited liability company is:	
L 18 000 137 344	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/12/2019	
4. I. Qing XU hereby withdraw/resign as a Physical Resigning) hereby withdraw/resign as a Physical Resigning in the Physic	T!
AMBR (Primi Title)	T
of this limited liability company and affirm the limited liability company has been notified of ny resignation in writing.	
Duf XU.	
Signature of Dissociating Member or Resigning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)