L18000196926

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(Address)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT:Lit	tle Dragons LLC	
		e of Limited Liability Company)	
The e	nclosed member, resignation or	dissociation and fee(s) are submitted for filing.	
Pleas	e return all correspondence conc	erning this matter to:	
	Yu Li		
	(Contact Person)		
	Amorcito Boution	que	
	(Firm/Company)		
	1805 Sans Souci Blvd	, Apt 524	
	(Address)		
	North Miami, FL,		
	(City/State and Zip Cod	e)	
For fu	irther information concerning th	is matter, please call: 33181) 305-632-9106	,, <u> </u>
	Yu Li	m (33 10 1)	3
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	}
		yable to the Florida Department of State for:	
√ 11 25	5 Filing Fee	□ \$55 Filing Fee & Certified Copy :	
	Mailing Address:	Street Address: Registration Section	
	Registration Section Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303



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	. The name of the limited liability company as it appears on the records of the Florida Department						
of State is:	Little Dr	agons LLC	·				
		signed to this limited liability comp	pany is:				
L18	8000196926						
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: Oc	ctober 26,2070				
4. I,(Print N	Yu Li Same of Person Resigning)	, hereby withdraw/resign as a	2				
М	anager/MGR						
	(Print Title)		₩ H				
of this limited lia resignation in wr		e limited liability company has been	n notified of my				
	Jah						
Signature of D	issociating Member or Resign	ing Manager					
	\$25.00 (Required)						
Certified Copy:	\$30.00 (Optional)						