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IALLAHASSEE, FLORIDA

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CZ FAM LLC	
(Name of Limited Liability Cor	mpany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Jie Zheng	
(Contact Person)	_
CZ FAM LLC	五段 8
(Firm/Company)	- OCT
5168 West Colonial Dr	ASSEE, FLI
(Address)	ing - ·
Orlando FL, 32808	PH 6: 47
(City/State and Zip Code)	-)A
For further information concerning this matter, please call:	
Jie Zheng 407	2718262
	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I ■ \$25 Filing Fee □ \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tananasse Fisher SEST

CR2E079 (2/14)



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	s it appears on the records of the Flori	ida Depai	rtmen	t
of State is: CZ F	FAM LLC				
2. The Florida docu L1800020323	_	ssigned to this limited liability compa	any is:		
3. The date this me	mber/manager withdrew/res	osigned or will withdraw/resign is:	t 23,201	88	
4. I. Cheng Chen		, hereby withdraw/resign as a			
(Print N	ame of Person Resigning)				
MGR					
	(Print Title)				
of this limited lial resignation in wri		ne limited liability company has been	notified	o£ n y	•
	ly Cher		LAHASSE	0CT 26	FILE
Signature of Di	ssociating Wember or Resig	ning Manager	E, FLOR	₽ 6:	
_	\$25.00 (Required)			6: 47	
Certified Copy:	\$30.00 (Optional)		, -	•	