118000203250

(Re	equestor's Name)			
(Ad	idress)			
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S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ZZ FAM LLC	
(Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fe-	e(s) are submitted for filing.
Please return all correspondence concerning this matter t	o:
Jie Zheng	
(Contact Person)	
ZZ FAM LLC	18 ALL
(Firm/Company)	
5168 West Colonial Dr	1 26 PM 6: 47
(Address)	
Orlando FL, 32808	6: 47 0RID
(City/State and Zip Code)	
For further information concerning this matter, please ca	II:
Jie Zheng 407	2718262
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Filing	a Department of State for: ing 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

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	it appears on the records of the Fl	orida Department	
of State is: ZZ F	AM LLC			
2. The Florida docu L18000203250	•	ssigned to this limited liability com	npany is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: _	Oct 23,2018	
Observa Observa		, hereby withdraw/resign as a		
MGR	(Print Title)			
of this limited lial resignation in wr	oility company and affirm th	ne limited liability company has been limited liability company has been liability company has been limited liability company has been liability company has been liability company has been liability liability.	OCT 26 PM Und Lâtel Stad LLAHASSEE, FL	FILED
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		6: 47 LATE ORIDA	