L18000205582

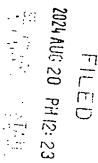
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(Document Number)		
Certificates	s of Status	
Special Instructions to Filing Officer:		
J. AU€	HORNE 3 2 6 2024	
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Office Use Only



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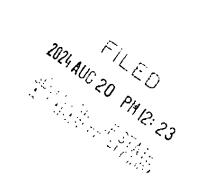


COVER LETTER

TO:	_	stration Section sion of Corporations			
SURI	ECT:	Xingfu LLC			
50170		(Name of Limited Liability Company)			
The e	nclosed	d member, resignation or diss	ociation and fee(s) are submitted for filing.	
Please	e returr	n all correspondence concerni	ng this matter to:	:	
Yu Liu	ŀ				
		(Contact Person)			
Xingfu	LLC				
		(Firm/Company)		_	
600 No	ottingha	m Cir., #B			
		(Address)		_	
Greena	icres, FI	_ 33463			
		(City/State and Zip Code)		_	
For fu	ırther i	nformation concerning this m	atter, please call:	:	
Yu Liu	1		561 at (235-9318	
	(N	Jame of Contact Person)	<i>`</i>	e & Daytime Telephone Number)	
	sed ple 5 Filin	ease find a check made payab g Fee		Department of State for: ag Fee & Certified Copy	
	3 4 111.	4 4 4		Same Addings	
		ng Address: stration Section		Street Address: Registration Section	
	Divis	sion of Corporations		Division of Corporations	
		Box 6327		The Centre of Tallahassee	
	Talla	hassee, 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)

	e limited liability company as it appears on the records of the Florida Department fu LLC
2. The Florida doc L18000205582	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a warme of Person Resigning)
member and VP	
	(Print Title)
of this limited lia resignation in wa	bility company and affirm the limited liability company has been notified of my iting.
3	心新
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)