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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: SOVEREIGN DESIGNS by (Name of Limited Liability Cor	Carina Xu
The en	closed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please	return all correspondence concerning this matter to:	
	Carina Xu (Contact Person)	_
	(Firm/Company)	_
3	Oakmont Road (Address)	2023 AUG 21 AM 8: 37 SECRETARY OF STATE TALLAHASSEE, FL
<u>S</u>	(City/State and Zip Code)	AUG 21 A
For fu	rther information concerning this matter, please call:	EF. F. F.
_Cc	(Name of Contact Person) at (Area Code	2 & Daytime Telephone Number)
	sed please find a check made payable to the Florida I 5 Filing Fee \$55 Filin	Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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	limited liability company as it appears on the records of the Florida Department
of State is:	overeign Designs by Carina Xu.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
<u> 190</u>	001010021
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 816 3003
4. 1, <u>CÛKIN</u>	AXIA , hereby withdraw/resign as a mane of Person Resigning)
Mar	NUGET Print Title)
	pility company and affirm the limited liability company has been notified of my
Cas	ω
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)