KZ1 CCCO 78579

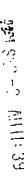
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
VIRALAB, LLC	
SUBJECT:	
(Name of	Limited Liability Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
JOSEPHINE WU	
(Contact Person)	
VIRALAB, LLC	
(Firm/Company)	
6143 186TH STREET	
(Address)	
FRESH MEADOWS, NY 11365	
(City/State and Zip Code)	
For further information concerning this r	matter, please call:
JOSEPHINE WU	718 213-6274 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payal	ble to the Florida Department of State for:
■ \$25 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

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)

	Elimited liability company as it appears on the record	s of the Florida Department
2. The Florida doc L21000078579	ument/registration number assigned to this limited lia	ability company is:
4. I, DAVID ZHAN	ember/manager withdrew/resigned or will withdraw/r G, hereby withdraw/r Same of Person Resigning)	
MANAGER		
	(Print Title)	.
of this limited lia resignation in wr	bility company and affirm the limited liability compariting.	1
Signature of D	issociating Member or Resigning Manager	V.H.: 55
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	