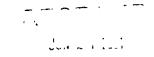
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COVER LETTER

TO:	_	stration Section ion of Corporations		
SUBJE		666 Investments LLC	nited Liability Co	mpany)
The en	closed	ł member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please	return	all correspondence concerning	g this matter to:	
Marcus	Thomp	oson, Esq.		
		(Contact Person)		_
Old City	y Law.	PLLC		
		(Firm/Company)		_
1 Riberi	a Stree	ıt.		
		(Address)		_
St. Aug	ustine,	FL 32084		
		(City/State and Zip Code)		-
For fur	ther is	nformation concerning this mat	ter, please call:	
Marcus	Thomp	oson, Esq.	904 at (478-8081
	(N	ame of Contact Person)		& Daytime Telephone Number)
Enclose	•	ase find a check made payable 3 Fee		Department of State for: g Fee & Certified Copy
	Regis Divis P.O.	ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 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)

mpany as it appears on the records of the Florida Department					
number assigned to this limited liability company is:					
idrew/resigned or will withdraw/resign is:					
, hereby withdraw/resign as a					
····					
. 79 1					
affirm the limited liability company has been notified of my					
					
or Resigning Manager					
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, Iluan Yin					