K22000131688

(Re	equestor's Name)				
(Address)					
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Bu	isiness Entity Nai	me)			
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

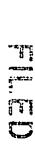


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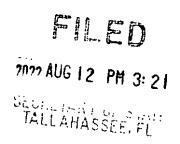


COVER LETTER

TO:	_	stration Section ion of Corporations		
SUBJ	ECT:	SUSHI D'LUX LLC	nited Liability Cor	nnany)
The e	nclosec	I member, resignation or dissoc	•	
		all correspondence concerning		-
NETA	NEL RO	DSENTHAL		
		(Contact Person)		_
SUSH	LD'LUX	LLC		
		(Firm/Company)		_
2101 8	√ 54TH	AVE		
		(Address)		_
HOLL	.YWOO	D, FL 33021		
		(City/State and Zip Code)		
For fu	irther ii	nformation concerning this man	tter, please call:	
NETA	NEL RO	OSENTHAL	786 at (583-5238
	(N	ame of Contact Person)		& Daytime Telephone Number)
	sed ple 5 Filin	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy
	Regi: Divis P.O.	ng Address: stration Section sion 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







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	s it appears on the records of the Florida Department
2. The Florida doc L22000131688	ument/registration number a	ssigned to this limited liability company is:
	-	signed or will withdraw/resign is:
4. I, YEHUDA SEG.	AL lame of Person Resigning)	, hereby withdraw/resign as a
	da Segal Prim Tille	
of this limited lia resignation in wr		he limited liability company has been notified of my
jehuda Di	issociating Member or Resig	
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	