## L230004716013

| (Re                      | equestor's Name)   |            |
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| (Ad                      | idress)            |            |
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| (Ad                      | ldress)            |            |
| ( )-                     | ,                  |            |
|                          |                    | - <u>-</u> |
| (Cit                     | ty/State/Zip/Phone | · #)       |
|                          |                    | <b>—</b>   |
| PICK-UP                  | ☐ WAIT             | MAIL       |
|                          |                    |            |
| (Bu                      | siness Entity Nam  | ne)        |
|                          |                    |            |
|                          | cument Number)     |            |
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|                          |                    |            |
| Certified Copies         | _ Certificates     | of Status  |
|                          |                    |            |
| Special Instructions to  | Filing Officer:    |            |
| opecial matructions to   | Timing Cinicei.    |            |
|                          | 7.1 4              | 1000-      |
| J. HORNE<br>JUN 2 6 2024 |                    |            |
|                          | JUN                | 2 6 2024   |
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Office Use Only



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2021-HE 28 FT 12: 16

## **COVER LETTER**

| _                           | stration Section<br>sion of Corporations                                    |                    |  |
|-----------------------------|---|--------------------|--|
| SUBJECT:                    | Beste Massage LLC   |                    |  |
|                             | (Name of Lir  | nited Liability Co | ompany)  |
| The enclosed                | d member, resignation or dissoc   | ciation and fee    | (s) are submitted for filing.  |
| Please return               | n all correspondence concerning   | g this matter to   | :  |
| Brandon A. Sta              | anko  |                    |  |
| •                           | (Contact Person)  |                    |  |
| Brandon Stank               | to PA   |                    |  |
|                             | (Firm/Company)  |                    | _  |
| 607 16th Ave \$             | S   |                    |  |
|                             | (Address)   |                    |  |
| Jacksonville B              | each FL 32250   |                    |  |
|                             | (City/State and Zip Code)   |                    | _  |
| For further in              | nformation concerning this mat  | ter, please call   | :  |
| Brandon A. Sta              | anko  | 904<br>at (        | 217-5159   |
| (N                          | lame of Contact Person)   |                    | e & Daytime Telephone Number)  |
| Enclosed ple<br>\$25 Filing | ease find a check made payable g Fee  |                    | Department of State for:  ng Fee & Certified Copy  |
| Regis<br>Divis<br>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 |





## 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       |
|--|--|
| of State is: Besto                       | : Massage LLC  |
| 2. The Florida doc<br>L23000476013       | rument/registration number assigned to this limited liability company is:                |
| 3. The date this me                      | ember/manager withdrew/resigned or will withdraw/resign is: May 22, 2024                 |
| 4. I. Wuzhi Zhang                        | , hereby withdraw/resign as a Name of Person Resigning)                                  |
| Member                                   | rame of Person Resigning)  |
|  | (Print Title)  |
| of this limited lia<br>resignation in wi | ability company and affirm the limited liability company has been notified of my riting. |
| Muzhi                                    | <u> </u>   |
| Signature of D                           | issociating Member or Resigning Manager  |
| -  | \$25.00 (Required)   |
| Certified Copy:                          | \$30.00 (Ontional)   |