

MA1000006947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100368294391

RECEIVED

2021 JUN 15 PM 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 15 PM 1:47

JUN 15 2021  
O SIMMONS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** King Crab Orlando, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Zi Tao Ni  
(Contact Person)

King Crab Orlando, LLC  
(Firm/Company)

13500 S John Young Parkway  
(Address)

Orlando, FL 32837  
(City/State and Zip Code)

For further information concerning this matter, please call:

Zi Tao Ni at 585 957-2919  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee                       \$55 Filing 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



2022 JUN 15 PM 1:48

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: King Crab Orlando, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M21000006947

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/10/2021

4. I, Lisa Tung, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)