100000031568

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
(Corporation)	Name) (Documen	ıt #)
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NEW FILINGS	<u>AMENDMENT</u>	<u>rs</u>
Profit	Amendment	
Not for Profit Limited Liability		n of R.A., Officer/Director Registered Agent
Domestication	Dissolution/	/Withdrawal
☐ Other	☐ Merger	6
OTHER FILINGS	REGISTRATIO	on/qualification thership ent
Annual Report	Foreign	
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		Examiner's Initials
CR2E031(7/97)	- 	

OFFICER / DIRECTOR RESIGNATION

I, TIEN TRAN, hereby resign as UICE PRESIDENT (Title)	18§%, pr jude
of La S Fisitery INC (Name of Corporation)	<u></u>
a corporation organized under the laws of the State of FLORIOA	
and affirm that the corporation has been notified in writing of the resignation.	
(Signature of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314