P14000001748

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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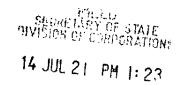
TRANSMITTAL LETTER

SUBJECT: Y/VG Y/VG SPA /VC (Name of Corporation)
DOCUMENT NUMBER: P14000001748
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Woody McLANE (Name of Person)
(Name of Firm/Company)
4915 NW 53 St. (Address)
TAMARAC FL 33319 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (SSY) 806-6211 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35,00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	LIYING	DANG	, hereby resign a	s VICE	PRESIDENT
of	<u> </u>	(Name of Corp	SPA, oration)	INC	,
	000)748 ocument Number, if kno	, a co	rporation organized	under the laws	of the State of
	FloriDA	·			
		` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dang/		
		(Signatur	e of resigning officer/dir	ector)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314