## P19000071692

(Requestor's Name)		
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(City/State/Zip/Phone #)		
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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: LIANGHE INC		
(Name of Corporation)		
DOCUMENT NUMBER: P19000071692		
The enclosed Officer/Director Resignation	on for a Corporation and fee are submitted for filing	
Please return all correspondence concern	ing this matter to the following:	
LIANG HE		
(Name of Person)		
LIANGHE INC		
(Name of Firm/Compan	<u>y)</u>	
439 STANTON PL		
(Address)		
LONGWOOD. FL 32779		
(City/State and Zip Code	e)	
For further information concerning this n	natter, please call:	
JIAN HE	954 756-5689 at ( )	
(Name of Person)	(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

LIANG HE L	PRESIDENT, hereby resign as_	
	·	(Title)
LIANGHE INC		
	(Name of Corporation)	<del></del>
P19000071692  (Document Number, if known	a corporation organized under the laws	s of the State of
FLORIDA		
		2020
	ghe.	۔ ن
	(Signature of resigning officer/director)	<u> </u>
		<del></del>

## FILING FEE IS \$35.00

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

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