L08000065083

(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



100207561431

05/16/11--01008--023 **55.00

ZONETARY OF STATE

C. LEWIS

MAY 1 7 2011

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: Advent Artifacts, LLC				
(Name of Limited	Liability Cor	пралу)		
The enclosed member, managing member or ma filing.	nager resig	nation and fee(s) are submitted for		
Please return all correspondence concerning this	matter to:			
Camille G. Martinez		_		
(Contact Person)		-		
Advent Artifacts, LLC				
(Firm/Company)		-		
2300 Bee Ridge Road, Suite 204				
(Address)		_		
Sarasota, FL 34239				
(City/State and Zip Code)		_		
For further information concerning this matter, p	olease call:			
Camille Martinez	_941	924-6818 & Daytime Telephone Number)		
(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	S	55 Filing Fee &		
		Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		
Tallahassee, Florida 32301				
CR2E079 (5/06)		ch# 1761		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILEU

2811 MAY 16 PM 35 00

SECRETARY OF STATE FALL AHASSES FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it appea ent Artifacts, LLC	rs on the records of the Florida Department
2. This limited liabi	lity company was organized under the	ne laws of:
3. The Florida documents L08000065	ment/registration number of this lim	ited liability company is:
4.1, Stephen M. (Print Na	artinez , he	reby resign as a Manager (Print Title)
resignation in writ	ting.	liability company has been notified of my
Signature of Resig	gning Member, Managing Member of	r Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (5/06)