

LA 000053711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

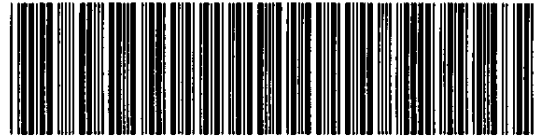
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 MAR 25 P 10 25
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B. BOSTICK
MAR 31 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ART TECH 438, 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:

ALVARO CASTILLO B.
(Contact Person)

CASTILLO & ASSOCIATES
(Firm/Company)

1390 BRICKELL AVENUE, SUITE 200
(Address)

MIAMI, FLORIDA 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

ALVARO CASTILLO B. at (305) 371-5540
(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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2014 JUN 25 P 12:25
1390 BRICKELL AVENUE, SUITE 200
MIAMI, FLORIDA 33131



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: ART TECH 438, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L09000053711

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

4. I, LELIA TROILLET, 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

2014 JUN 25 P 12:25
Filing Stamp

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