I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: FABRICE MONRAZEL

Electronic Signature of Signing Authorized Person(s) Detail

N AVE ROME

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MANAGER	Title	MANAGER
Name	MONRAZEL, FABRICE	Name	MONRAZEL, CELINE
Address	401 N AVE ROME #4232	Address	401 N AVE ROME #4232
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069214

Entity Name: ARTEGEL FCM, LLC

Current Principal Place of Business:

401 N AVE ROME #4232 TAMPA, FL 33606

Current Mailing Address:

401 N AVE ROME #4232 TAMPA, FL 33606 US

FEI Number: 20-2004424

Name and Address of Current Registered Agent:

MONRAZEL, FABRICE 401 N AVE ROME #4232 TAMPA, FL 33606 US Certificate of Status Desired: No

04/30/2021

Date