

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000004826

**Entity Name:** ARTISAN COVE PARTNERS, LLC

**Current Principal Place of Business:**

1840 MORRILL STREET  
UNIT 108  
SARASOTA, FL 34236

**Current Mailing Address:**

1840 MORRILL STREET  
UNIT 108  
SARASOTA, FL 34236 US

**FEI Number:** 47-2890353

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SABA, RICHARD D ESQ.  
RICHARD D. SABA, P.A.  
2033 MAIN STREET, SUITE 303  
SARASOTA, FL 34237 US

*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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            STOCKTON, MICHAEL DAVID  
Address        200 S WASHINGTON BLVD., SUITE 8  
City-State-Zip: SARASOTA FL 34236

*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.*

**SIGNATURE:** MICHAEL DAVID STOCKTON

MGM

03/16/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date