

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTISIAN CONSTRUCTION DEVELOPMENT LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L01000002991

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Christine Smith
Name of Person

Law Offices of Hernandez & Smith, P.A.
Name of Firm/Company

6318 US Highway 301 S.
Address

Riverview, FL 33578
City/State and Zip Code

will@artisancd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Christine Smith at (813) 9671829
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Law Offices of Hernandez & Smith, P.A. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Artisan Construction Development, LLC

Name of Limited Liability Company

L01000002991

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

C. Christopher Smith
Signature of Resigning Agent

If signing on behalf of an entity:

LAW Offices of Hernandez & Smith, P.A.
Typed or Printed Name

Vice President

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA