

L06000020995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

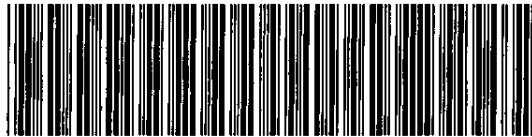
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000113338610

12/24/07--01016--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 24 PM 2:37

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTIM, L.L.C.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Regina Di Leo
(Contact Person)

(Firm/Company)

692 Reinder Dr
(Address)

Kissimmee, FL 33753
(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Di Leo (407) 948-8914
Pamela Cottle at (407) 883-5944
(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

CR2E079 (5/06)

2. This limited liability company is: Florida

3. The Florida document/registration number of this limited liability company is:

10600020995

4. I, Regina Di Leo, hereby resign as a mbr
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Regina Di Leo
Signature of Resigning Member, Managing Member or Manager

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

CR2E079 (5/06)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 24 PM 2:37