

L08000105810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

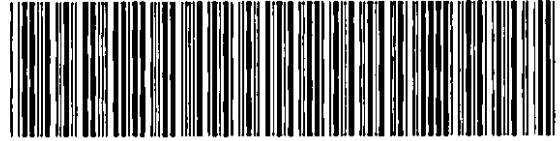
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/13/20--01005--012 **25.00

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2020 JAN 13 PM 1:49

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2020 JAN 13 PM 3:33

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Y SULKER

JAN 14 2020

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Atrium Registered Agents, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Arteco Holdings, LLC

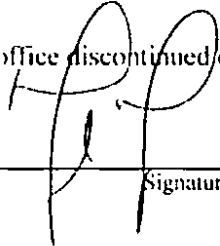
Name of Limited Liability Company

L08000105810

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.



Signature of Resigning Agent

If signing on behalf of an entity:

Felipe Frias

Typed or Printed Name

Vice President of Atrium Registered Agents, Inc.

Capacity

202 JAN 13 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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withdrawn limited liability company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