

L120000123610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

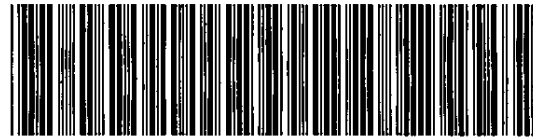
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 07 2014

R. WHITE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARTISTIC ARTICHOKE CAFE, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

EILEEN N. BARRETT  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

930 KOKOMO KEY LANE  
(Address)

DELRAY BEACH, FL 33435  
(City/State and Zip Code)

→ Address Change:  
1111 Cosaucho Rd.  
# 3  
Delray Beach, FL  
33483

For further information concerning this matter, please call:

EILEEN N. BARRETT at 561 702-7843  
(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



FILED  
14 JUL 27 11 30 AM  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ARTISTIC ARTICHOKE CAFE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000123610

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/27/2014

4. I, EILEEN N. BARRETT, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER

*(Print Title)*

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

*Eileen N. Barrett*

Signature of Dissociating Member or Resigning Manager

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