113000072126

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	L	
(Business Entity Name)		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ARTLINK, LLC (Name of Limitation)	ited Liability Con	npany)
The enclosed member, managing member or filing.	manager resig	nation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:	
Andres Montejo, Esq		
(Contact Person)		-
Law Offices of Andres M	lontejo	
(Firm/Company)		-
6157 NW 167 St F-21		
(Address)		-
Miami Florida 33015		
(City/State and Zip Code)		_
For further information concerning this matter	er, please call:	
Andres Montejo	_ _{at (} 786	285 2901
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to		555 Filing Fee &
		Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it ap of State is: ARTLINK, LLC	opears on the records of the Florida Department
2. This limited liability company was organized und State of Florida	ler the laws of:
3. The Florida document/registration number of this L13000072126	TALLAN
4. l, Aguasanta Erminy (Print Name of Person Resigning)	, hereby resign as a Member and Managing Member (Print:Title)
of this limited liability company and affirm the lin resignation in writing. Signature of Resigning Member, Managing Member	nited liability company has been notified of my

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