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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2013 OCT 31 AM 11: 5

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T HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ARTISAN PAINT DESIGN LLC

(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:

JOSE L GARCIA

(Contact Person)

ARTISAN PAINT DESIGN LLC

(Firm/Company)

1404 SW 146 COURT

(Address)

MIAMI/ FL 33184

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE L GARCIA

_.786

354-4403

(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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		ls of the Florida De	epartment
2. This limited liabi	lity company was organized	d under the laws of:		
3. The Florida docu W12000031	ment/registration number o		mpany is:	
4. I, SANDRA L	OPEZ CANCIO	, hereby resign as a	a MANAGER	
(Print No	ame of Person Resigning)		(Print Title))
of this limited liab resignation in wri	oility company and affirm the	ne limited liability compa	any has been notifi	ed of my
Signature of Resignature	gning Member, Managing N	Member or Manager	SECR TALLA	2013 OCT 31
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		AHASSEE, FLOR	DCT 31 AMILIA