L13000173242

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

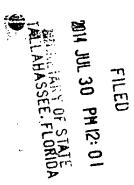
Office Use Only



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resignation Do MGRM

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8/11/14

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: UNITED PHOTOGRAPHIC	ARTISTS GAL	LLERY, L.L.C.
(Name of Lim	ited Liability Com	pany)
The enclosed member, resignation or dissoci	ation and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to:	
Lindsey Welch		
(Contact Person)		
UNITED PHOTOGRAPHIC ARTISTS G	ALLERY, L.L.	
(Firm/Company)		
6908 N 16th St		
(Address)		
Tampa		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Lindsey Welch	813	508-3192
(Name of Contact Person)	(Area Code d	& Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Do	epartment of State for:
■ \$25 Filing Fee		Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle	•	Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



FILED 2014 JUL 30 PM 12: 01 FLORIDA DEPARTMENT OF STATE TALLAHASSEE. FLORIDA DIVISION OF CORPORATION

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 a	s it appears on the records of the Florida Department
of State is: UNI	TED PHOTOGRAPHIC A	ARTISTS GALLERY, L.L.C.
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
L1300017324	12	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
Lindsey Welch		, hereby withdraw/resign as a
	Name of Person Resigning)	
MGRM		
***************************************	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Signature of D	issociating Member or Resig	gning Manager
Filing Fee:		
Certified Copy:	\$30.00 (Optional)	