## 1400121978

(Requestor's Name)					
(Address)					
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(Document Number)					
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SECRETARY OF STATE

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## **COVER LETTER**

_	stration Section					
Divi	sion of Corporations					
SUBJECT:	JulesArt Consulting LLC					
	(Name of Limit	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissocia	tion and fee(s	) are submitted for filing.			
Please return	all correspondence concerning the	his matter to:				
Arthur Perd	су					
•	(Contact Person)		_			
JulesArt Co	onsulting LLC					
	(Firm Company)		-			
19707 Turi	nberry Way, Apt 25A					
	(Address)		<del>.</del>			
Aventura, I	FL 33180					
	(City/State and Zip Code)		-			
For further i	nformation concerning this matter	r, please call:				
Arthur Perd	су	305	934-9794			
(i)	Same of Contact Person)		& Daytime Telephone Number)			
Enclosed ple ■ \$25 Filing	ease find a check made payable to g Fee		Pepartment of State for: Fee & Certified Copy			
-	OURIER ADDRESS:		MAILING ADDRESS:			
Registration Division of 6	Section Corporations		Registration Section Division of Corporations			
Clifton Build	•		P.O. Box 6327			
2661 Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314			

CR2E079 (2/14)



## 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 l	Florida Depart <b>Æ</b> ent
	sArt Consulting LLC		10 15
2. The Florida doc L140001219	_	ssigned to this limited liability co	empany is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	October 2017
4. I. Juliana Scaminaci (Print Name of Person Resigning)			
(t'rmt) Title MGR	same of Person Resigning)		
	(Print Title)		
of this limited lia resignation in wi		e limited liability company has b	een notified of my
Signature of D	a Canuxa issociating Member or Resig	ning Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		