15000035430

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

Office Use Only



600293481946

01/23/17--01015--010 **25.00

17 JAN 23 PH 2: 37

O SIMMONS JAN 25 2017

COVER LETTER

TO: Registration Section Division of Corporations		
Art Paper Scissors LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	itter to the following:	
Alison Koss		
Name of Person		
Art Paper Scissors LLC		
Firm/Company		
6600 Parkside Dr. Suite 6654		
Address		
Parkland, FL, 33067		
City/State and Zip Code		
myartpaperscissors@gmail.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se call:	
Alison Koss	704 5179187	
Name of Person	Area Code & Daytime Telephone Number	
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	
Enclosed is a check for the following amo	ount:	
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (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)

Art P	limited liability company as aper Scissors LLC	it appears on the records of the Florida Department
2. The Florida docu L15000035430	•	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	12/8/2016 igned or will withdraw/resign is:
Nayla Yared		hereby withdraw/resign as a
<i>(Print N</i> Member Mana		
	(Print Title)	
of this limited lial resignation in wr		ne limited liability company has been notified of my
t		
Signature of Di	ssociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	ning Manager 17 JAN 23 PH 2