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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	sion of Corporations					
SUBJECT:	Art Lives On, LLC					
SOBSECT.	(Name of Limited Liability Company)					
The enclosed	l member, resignation or dissocia	ation and fee	(s) are submitted for filing.			
Please return	all correspondence concerning t	his matter to	:			
Laura Hard	lin					
	(Contact Person)					
Art Lives O	n, LLC					
	(Firm/Company)					
2744 East (Commercial Blvd					
	(Address)		·			
Ft. Laudero	dale, FL 33308					
	(City/State and Zip Code)		_			
For further in	nformation concerning this matte	r, please call	l:			
Laura Hard	lin	954	439-2425			
(N	ame of Contact Person)	(de & Daytime Telephone Number)			
Enclosed ple	ase find a check made payable to		Department of State for: ng Fee & Certified Copy			
	,	_ •••	.B. oo oo oommoo oop,			
	OURIER ADDRESS:		MAILING ADDRESS:			
Registration			Registration Section			
Division of C	-		Division of Corporations			
Clifton Build	-		P.O. Box 6327			
	ive Center Circle		Tallahassee, Florida 32314			
i ananassee,	Florida 32301					



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 of State is: Art	limited liability company as it a	ppears on the records of the Flo	rida De	epartm	nent
	ment/registration number assign	ned to this limited liability comp	oany is:	:	
3. The date this me	mber/manager withdrew/resigne	ad or will withdraw/resign is:	Febn	400	12.2016
4. I,) 	16 AUG 19	
Managing Me				<u></u>	
	Print Title) oility company and affirm the lirting.	mited liability company has been	SFC. Flotifi	AM	i i i
Signature of Di	ssociating Member or Resigning	g Manager	7.5		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				