(F	Requestor's Nam	ne)
7/	Address)	
(/	Address)	
	City/State/Zip/Ph	one #)
PICK-UP	☐ WAIT	MAIL
(1	Business Entity N	Name)
(1	Document Numb	er)
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COVER LETTER

TO: Registration Section Division of Corporation	s							
SUBJECT:	Shady Ladies Art LLC							
	(Name of Limited Liability Company)							
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to:								
Lisa Ingl	7.2							
(Contact Per	rson)							
Shady ladies	Art LLC							
61 Oak Grove								
(Address))							
Fernandina Be	ach FL 32034 Zip Code)							
For further information concern	ing this matter, please call:							
Lisa Ingli	s at (904) 557-1131							
(Name of Contact Pers	on) (Area Code & Daytime Telephone Number)							
Enclosed please find a check m. \$25 Filing Fee	ade payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy							
STREET/COURIER ADDRE 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 (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 I	imited liability company as	s it appears o	on the records of	f the Florida I	Departmen	t
of State is:	Shady Ladie	's Art	UC			
2. The Florida docur	ment/registration number a	ssigned to th	us limited liabil	ity company i	s:	
_ L1600	00036552	·				
	nber/manager withdrew/res Beker me of Person Resigning)				31, 201	J
	OCC					17
of this limited liabi	ility company and affirm thing.	ne limited lia	bility company		3388 11.	
Signature of Diss	sociating Member or Resig	ming Manag	er		AH II: 49	()
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					