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13:55 PM

TO:18506176383 FROM:5615375904

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001270073)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone : (407)370-3686

Fax Number

: (407)370-3120

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MC ART DECOR, LLC

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MC ART DECOR, LLC		
(Name of Limited Liability	Company)	
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to:	
CAROLINE LARSON		
(Contact Person)		
LARSON ACCOUNTING GROUP		
(Firm/Company)		
7901 KINGSPOINTE PKWY STE 17		
(Address)		
ORLANDO, FL 32819		
(City/State and Zip Code)		
For further information concerning this matter, please co	all:	
FABIO MURAKAMI 407	779-1211	
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy		
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	

CR2E079 (2/14)

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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 Florida Department
of State is: MC	ART DECOR, LLC	
2. The Florida doc	ument/registration number as	signed to this limited liability company is:
L1600008318	3	
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. I, SAFESERV BUSINESS CORP (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print N	iame of Person Resigning)	,, , , , , , , , , , , , , ,
AMBR		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Fa	bio Murakami	
Signature of D	issociating Member or Resign	ning Manager
~	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	