

L18000151604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

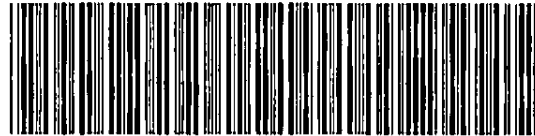
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP -3 AM 10:18
STATE OF MISSISSIPPI
TALAPA

Y SULKER

SEP 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artisans Custom Homes, 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:

Jennifer Tooze
(Contact Person)

(Firm/Company)

2060 J & C Blvd
(Address)

Naples FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Tooze at (239) 989-4300
(Name of Contact Person) (Area Code & 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



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: Artisans Custom Homes, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L18000151604

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug 1, 2019

4. I, Amber Todd, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR / Owner 50%
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Amber A Todd
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

2019 SEP -3 AM 10:18
7:11:30