

L18000 249 355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

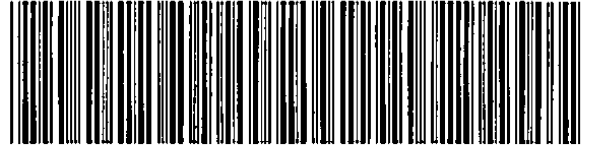
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2013 JUL 26 AM 11:39
SECRETARY OF STATE
TAL LAHASSE, FT. PIERCE

For Return to Us

COVER LETTER

TO: Registration Section
Division of Corporations

2018 JUL 26 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Artem Scientia 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:

Sebastian Cuartas

(Contact Person)

Artem Scientia LLC

(Firm/Company)

7600 NW 69th Ave

(Address)

Medley, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

Sebastian Cuartas at (786) 450-1556

(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

2009 JUL 26 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Artem Scientia LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000249355

3. The date this ~~member~~ manager withdrew/resigned or will withdraw/resign is: 05/18/2019

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

MGR
(Print Title)

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

Signature of Dissociating ~~Member~~ or Resigning Manager

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