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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artigiani Granite & Cabinerty, 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:

Juan Cafarelli

(Contact Person)

Artigiani Granite & Cabinerty, LLC

(Firm/Company)

3870 Mision Dr., Unit 10

(Address)

Jacksonville, FL 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

Sonia Taboada

904 377-3059
at ()

(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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

20 APR 22 PM 4:31

**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: Artigiani Granite & Cabinerty, LLC

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

1.19000171445

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 13, 2020

4. I, Nadim J. Faraj Ancheta, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

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

DocuSigned by:

Nadim J. Faraj Ancheta

4/20/2020

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Signature of Dissociating Member or Resigning Manager

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