

7/7/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC
Account Number : 120180000090
Phone : (407)232-6777
Fax Number : (407)710-0533

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESTADO DA ARTE, LLC

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

11/4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESTADO DA ARTE 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:

FELIPE MARDAKIS

(Contact Person)

ASCENT ACCOUNTING GROUP

(Firm/Company)

7345 WEST SAND LAKE ROAD STE 209

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

FELIPE MARDAKIS

(Name of Contact Person)

at (407) 232-6777
(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

**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: ESTADO DA ARTE LLC

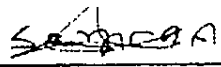
2. The Florida document/registration number assigned to this limited liability company is:
L20000104960

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/25/2021

4. I, SAMARA ALVES AGUIARI, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBR
(Print Title)

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

1s) 
Signature of Dissociating Member or Resigning Manager

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FLORIDA

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