

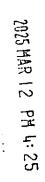
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## **COVER LETTER**

Registration Section Division of Corporations THE HOUSE OF ARTS **SUBJECT:** (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: PAOLA CALLAHAN (Contact Person) THE HOUSE OF ARTS | LLC L2000031982L (Firm/Company) 1000 ISLAND BOULEVARD, APT.1409 (Address) AVENTURA, FL, 33160 (City/State and Zip Code) For further information concerning this matter, please call: PAOLA CALLAHAN (Name of Contact Person) (Area Code & Davtime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

Mailing Address:

☐ \$25 Filing Fee

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

Street Address:

■ \$55 Filing Fee & Certified Copy

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

TO:



## 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)

	e limited liability company as		f the Florida Department
2. The Florida doc 1.20000319826	cument/registration number as	ssigned to this limited liabili	ity company is:
PAOLA CALL	ember/manager withdrew/res AHAN Name of Person Resigning)		
MANAGER  of this limited li	(Print Title)	o limited liability company	han haan matified of me
resignation in w	ability company and affirm the riting.	2.5	·
	\$25.00 (Required)	mug wanage	2025 HAR 12 PM 4: