121000179079

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

Division of Corporations					
SUBJECT: Artworks Local Art and Gifts :	LLC				
	of Limited Liability (Company)			
The enclosed member, resignation or d	issociation and fe	ee(s) are submitted for filing.			
Please return all correspondence concer	rning this matter t	to:			
Kim J Brungraber					
(Contact Person)					
Artworks Local Art and Gifts LLC					
(Firm/Company)					
1516 Oakleigh Court					
(Address)	<u> </u>				
Pensacola, FL 32506					
(City/State and Zip Code)					
For further information concerning this	matter, please ca	H:			
Kim J Brungraber	850 at (619-6501			
(Name of Contact Person)		de & Daytime Telephone Number)			
Enclosed please find a check made paya	able to the Florida	a Department of State for:			
□ \$25 Filing Fee	≣ \$ 55 Fili	ing Fee & Certified Copy			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303			

TO: Registration Section



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)

of State is:	cument/registration number as	signed to this li	imited liability co	mpany ie		_·
L21000179079	unienviegisuation number as	signed to this it	inited hability co	inpany is	•	
	ember/manager withdrew/resi					_
4. I, Wanda Hubbard	Name of Person Resigning)	, hereby w	rithdraw/resign as	a		
AMBR						
	(Print Title)					
of this limited lia resignation in w	ability company and affirm th	e limited liabili	ty company has b	cc n notifi	ied of r	ny
Hund	a Phillips					
Signature of D	issociating Member or Resign	ning Manager			7021	
	\$25.00 (Required) \$30.00 (Optional)				7021 POY 16 PM12:	(m/m)
				CE ST	PM 12:	

CR2E079 (2/14)