

L210000179079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

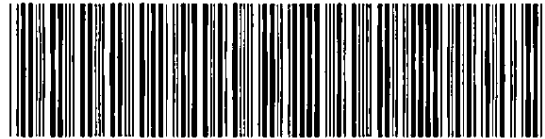
(Business Entity Name)

(Document Number)

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A. RIVERS
OCT 21 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Artworks Local Art and Gifts 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:

Christina A. Steffen, Registered Agent

(Contact Person)

Artworks Local Art and Gifts LLC

(Firm/Company)

5104 Choctaw Avenue

(Address)

Pensacola, FL 32507

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina A. Steffen

314 226-4269
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



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: Artworks Local Art and Gifts LLC
2. The Florida document/registration number assigned to this limited liability company is:
L21000179079
3. The date this member/manager withdrew/resigned or will withdraw/resign is: November 15, 2023
4. I, Andrea S. Wraalstad, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member
(Print Title)

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

Andrea S. Wraalstad

Signature of Dissociating Member or Resigning Manager

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

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October 3, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Christina Steffen

Typed or printed name of signee