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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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

cls-agentresignations@wolterskluwer.com

## LLC REGISTERED AGENT RESIGNATION ARTE 2, LLC

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K. SALY JAN 16 2024

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## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes	, the undersigned,
NRALSERVICES, INC.	han alar e a si ana e a
Name of Registered Agent	hereby resigns as
Registered Agent for	
ARTE 2, LLC	
Name of Limited Liability Compar	ıy
L22000024649	
Document Number, if known	
A copy of this resignation was mailed to the above listed limiter.  The agency is terminated and the office discontinued on the 31s  **Mancy Helm-Brown**	st day after the date on which this statement is filed.
Signature of Resigni	ing Agent 5, §
If signing on behalf of an entity:	ing Agent
Nancy Helm-Brown	HASSI F
Typed or Printed Name	
Assistant Secretary	
Capacity	TLCAHASSELFLORID

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Bux 6327 Tallahassee, FL 32314