122000054295

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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SECRETARY OF SIGN

COVER LETTER

TO: Registration Section **Division of Corporations** FINE ART VACATIONS LLC 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: AHMED ANTAR (Contact Person) (Firm/Company) 601 NE 2ND PL (Address) **DANIA, FL 33004** (City/State and Zip Code) For further information concerning this matter, please call: AHMED ANTAR (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee ☐ \$55 Filing 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

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company	as it appears on the records of the Florida Department
of State is: FIN	E ART VACATIONS LLC	-
2. The Florida doc 1.22000054295	rument/registration number	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/ro	esigned or will withdraw/resign is: 4/27/2022
4. I. AHMED ANTAR (Print Name of Person Resigning)		
(Print)	Name of Person Resigning)	
MANAGER		
	(Print Title)	
of this limited lia resignation in w	, ,	the limited liability company has been notified of my
	A. Intar	
Signature of D	issociating Member or Resi	igning Manager
_	\$25.00 (Required)	
Certified Conve	\$30.00 (Ontional)	