L22000184168

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

Office Use Only



200387914462

05/29/22-+01006-+025 **50.00



JUL 25 2022 M. SOLOWOLI

COVER LETTER !

Registration Section

Division of Corporations		
SUBJECT: DAMA ARTEACA LLC (Name of Limited Liability C	Company)	
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o: _}	
Contact Person)		
DANH ARTEACA LLC (Firm/Company)		SER MAY 20
BOI CANAL STREET (Address)		720 PH
NEW SMYRM BEACH, FL 32168 (City/State and Zip Code)		2.21
For further information concerning this matter, please ca	11:	
DAVIS ARTEACA at (321 (Name of Contact Person) (Area Co) 256-4321 de & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing	a Department of State for: ing Fee & Gertified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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	a Department
of State is: DAVID ARTEAGA LLC	.
2. The Florida document/registration number assigned to this limited liability company	y is:
-> 122000 184 168	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-	15-2022
4. I, Susan Bernatette Woods, hereby withdraw/resign as a (Print Name of Person Resigning)	
(Print Title)	
of this limited liability company and affirm the limited liability company has been no resignation in writing.	otified of my
x Sin frantlela	
Signature of Dissociating Member or Resigning Manager	MAY 21
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	20 M 20