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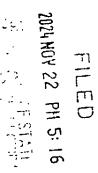
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

Name of Limited Liability Company				
DOCUMENT NUMBER: L2300038576	7	· · ·		
The enclosed Resignation of Registered Ag for filing.	gent for a Lin	mited Liability Company and fee are submitted		
Please return all correspondence concerning	g this matter	to the following:		
Sarah Balen				
Name of Person	•			
REGISTERED AGENT SOLUTIONS, I	NC.			
Name of Firm/Company				
2894 REMINGTON GREEN LN. STE.	Α			
Address				
TALLAHASSEE, FL 32308				
City/State and Zip Code				
filings@mycompanyworks.com				
E-mail address: (to be used for future annual r	eport notification	ion)		
For further information concerning this ma	tter, please c	call:		
Sarah Balen	702	362-2677 Code Daytime Telephone Number		
Name of Person	Area C	Code Daytime Telephone Number		

MAILING ADDRESS:

liability company.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

10 miles - 10 miles -

TO:

Registration Section Division of Corporations

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115, Florida Statu	ites, the undersigned,	
Registered Agent Solutions, Inc. Name of Registered Agent		, hereby resigns as	POLITICAL SERVICE PH SELF
		, hereby resigns as	
Registered Agent for Art	temis Arrowsmith LLC		220
	Name of Limited Liability Con	anany	7 7
	Name of Elimined Eliability Con	ų,mi,	<u>.</u> 0. v
L23000385767			
Document Nur	mber, if known		
The agency is terminated	and the office discontinued on the	31st day after the date on which	this statement is filed.
	Signature of Res	signing Agent	
If signing on behalf of an			
	Jennifer Peters		
	Typed or Printed Na	ame	
	Authorized Representative of Register	red Agent Solutions, Inc.	
	Capacity		
	\$ 25.00 Administrati	ed liability company vely dissolved/ voluntarily disso imited liability company	olved/

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

COVER LETTER

TO: Registration Section Division of Corporations

Artemis Arrowsmith LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000385767	
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Sarah Balen	
Name of Person	
REGISTERED AGENT SOLUTIONS, INC.	
Name of Firm/Company	
2894 REMINGTON GREEN LN. STE. A	
Address	
TALLAHASSEE, FL 32308	
City/State and Zip Code	•
filings@mycompanyworks.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Sarah Balen 702	362-2677
Name of Person Area Code	Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the und	ersigned,
Registered Agent Solutions, Inc.	_ , hereby resigns as
Name of Registered Agent	
Registered Agent for Artemis Arrowsmith LLC	_ , hereby resigns as
Name of Limited Liability Company	v.
L23000385767	
Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability	company at its last known address.
The agency is terminated and the office discontinued on the 31st day aft	er the date on which this statement is filed.
/s/ Jennifer Peters	
Signature of Resigning Agent	
If signing on behalf of an entity:	
Jennifer Peters	
Typed or Printed Name	
Authorized Representative of Registered Agent So	lutions, Inc.
Capacity	

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. Box 6327 Tallahassee, FL 32314