(Requestor's Name) (Address) (Address)	900157456999		
(City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: G. Mottice Use Only JUN 2 3 2009 EXAMINER		6/22/0901020	-020 ***25.00 SECRETARY OF CONVISION OF CONV

COVER LETTER

1.

Registration Section TO: **Division of Corporations**

SUBJECT: Art investing Group, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay B. Verona, Esq.

(Name of Person)

Verona Law Group, P.A.

(Firm/Company)

7235 First Ave. So.

(Address)

St. Petersburg, FL 33707

(City/State and Zip Code)

For further information concerning this matter, please call:

Jay B. Verona

(Name of Person)

at (727) 347-7000

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: **Registration Section Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee & Certificate of Status 🔲 \$55 Filing Fee & Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Art Investing Group, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

100 Indian Rocks Rd., Suite A

(Mailing address)

Belleair Bluffs, FL 33770

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

mas a.

(Signature of member or authorized representative of a member)

THOMAS A. WEBSTER

(Typed or printed name of signee)

22 NDF 60 AM 9: 03

Filing Fee: \$25.00