

113000001198

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
ARTIST SOLUTIONS GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

15 MAY -5 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
15 MAY -5 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTIST SOLUTIONS 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:

Ryan Kairalla

(Name of Person)

(Firm/Company)

9820 SW 60 ST

(Address)

Miami, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan Kairalla

(Name of Person)

at 305 761-8054

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ARTIST SOLUTIONS GROUP LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)


02/20/2013

(Date registered with Florida Department of State)

M13000001198

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

Ryan Kairalla
(Typed or printed name of signee)

Filing Fee: \$25.00

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15 MAY -5 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA