

M13000002049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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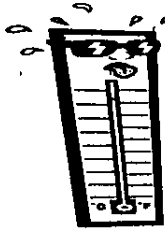
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02/03/14--01012--018 \*\*25.00

**FILED**  
14 FEB -3 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 10 2014





# **Art-Co Services, LLC**



**555 Sherman Avenue, Bldg. A, Unit 1  
Hamden, CT 06514  
(203) 407-8238  
Fax (203)-407-7715  
P O Box 185775  
Hamden, CT 06518**

## **FLORIDA DEPARTMENT OF STATE DIVISIONS OF CORPORATIONS**

**In May of 2013 we applied with the State of Florida for our LLC to do Preventative Maintenance work using Art-Co Services, LLC from Connecticut to work for Chain Store accounts we were servicing in CT, and not generate new customers in Florida.**

**This did not work out for us, we never were able to do any P/M's or work in any Florida Locations due to the high operating expense.**

**We are submitting a withdrawal application to Florida, to discontinue the use of Art-Co Services, LLC from doing any further services.**

**From the time we applied and received approval from Florida to the day we completely Closed Art-Co Services, LLC on November 1, 2013 we have not done anything in Florida. There were never any invoices generated.**

**If you have any questions regarding this request please call me.  
203-996-7211 (cell)**

**Thank you,**

**Arthur Cocchiaro  
Former owner/manager**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ART-CO SERVICES, 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:

ARTHUR COCCHIARO

(Name of Person)

ART-CO SERVICES, LLC

(Firm/Company)

555 SHERMAN AVENUE, P.O.BOX185775,

(Address)

HAMDEN, CT 06518

(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR COCCHIARO at (203) 996 7211  
(Name of Person) (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**

**ART-CO SERVICES, LLC**

(Name of limited liability company)

**CONNECTICUT**

(Jurisdiction of its organization)

**1-14-2014**

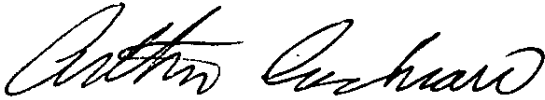
(Date registered with Florida Department of State)

**M13000002049**

(Florida Document Number)

**FILED**  
14 FEB -3 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



(Signature of authorized representative)

**ART-CO SERVICES, LLC**

*ARTHUR Cocchiaro*

(Typed or printed name of signee)

**Filing Fee: \$25.00**