

PI5000040379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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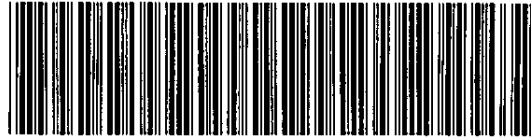
(Business Entity Name)

(Document Number)

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**POST & ROMERO**

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

3195 PONCE DE LEON BOULEVARD  
SUITE 400  
CORAL GABLES, FLORIDA 33134  
TEL: (305) 445-0014  
FAX: (305) 445-6872

LAW OFFICE OF  
CARLOS A. ROMERO, JR., P.A.

CARLOS A. ROMERO, JR.  
ADMITTED: FLORIDA, ILLINOIS, PUERTO RICO  
E-MAIL: [car@postandromero.com](mailto:car@postandromero.com)

ROBERT G. POST, P.A.

ROBERT G. POST  
ADMITTED: FLORIDA, NEW YORK  
E-MAIL: [rgp@postandromero.com](mailto:rgp@postandromero.com)

August 7, 2015

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

**Re: *Artista Interactive Art Studio, Inc.***

Dear Sir or Madam:

Enclosed are a Transmittal Letter and a duly executed Officer/Director Resignation form. Also enclosed is a check made payable to the "Florida Department of State" in the amount of \$35.00.

Very truly yours,

**POST & ROMERO**

By: \_\_\_\_\_

Robert G. Post

RGP.mg

Enclosure

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Artista Interactive Art Studio, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000040379

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Robert G. Post**

(Name of Person)

**Post & Romero**

(Name of Firm/Company)

**3195 Ponce De Leon Blvd. Suite 400**

(Address)

**Coral Gables, Florida 33134**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Robert G. Post**

(Name of Person)

at ( **305** ) **445-0014**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Maricell Villa, hereby resign as director  
(Title)

of Artists Interactive Art Studio  
(Name of Corporation)

P15000040379, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Maricell Villa  
(Signature of resigning officer/director)

FILED  
15 AUG 10 AM 9:18  
TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314