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R. WHITE

#### 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

ROBERT G. POST, P.A.

ROBERT G. POST ADMITTED: FLORIDA, NEW YORK E-MAIL: 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

Ву: \_\_\_

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

<sub>ar</sub>305 \445-0

(Name of Person)

(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, Mariell	Villa		, hereby resign	as_dire	Ur (Title)	
of Artistz	Inly 6 (Name	h V l	M+ 81	nd.o		,
Document Number	040379 r, if known)	, a corpor	ation organized	under the laws	of the Sta	ite of
FloniDA		<u>_</u> .				
	Man	Signature of re	esigning officer/d	irector)	MILANASSEE, FLOR	15 AUS 10 AH SI

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

FILING FEE IS \$35.00

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