

P16000090757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

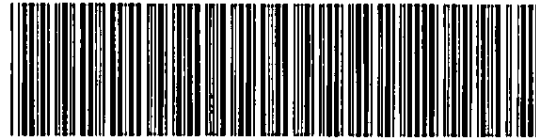
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR 31 2022

3/25

Office Use Only



100383253111

03/23/22--01003--001 **35.00

FILED
2022 MAR 25 PM 1:08
SECRETARY OF STATE
HALLMARKS, PA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Artesanart, Inc

(Name of Corporation)

DOCUMENT NUMBER: P16000090757

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

Please return all correspondence concerning this matter to the following:

Mariela Cruz

(Name of Person)

Artesanart, Inc.

(Name of Firm/Company)

11560 sw 13 Pl

(Address)

DAVIE

(City/State and Zip Code)

For further information concerning this matter, please call:

Mariela Cruz
_____ at (305) 824-7109
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Claudia Abreu, hereby resign as Secretary
(Title)

of Artesanart Inc.
(Name of Corporation)

P16000090757, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
2022 MAR 25 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FL

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