## LOCOCOCATA

| questor's Name)                         | <u></u>   |  |
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| ry/State/Zip/Phone                      | e #)  |  |
| ☐ WAIT                                  | MAIL  |  |
| isiness Entity Nar                      | me)   |  |
| (Document Number)                       |   |  |
| Certificates                            | s of Status   |  |
| Special Instructions to Filing Officer: |   |  |
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Office Use Only



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SECRETARY OF STATE TALL AHASSEE, TUCKING

APR 1 9 2016 S. YOUNG

## **COVER LETTER**

| TO: Registration Section Division of Corporations             |                    |  |  |
|---|--------------------|--|--|
| SUBJECT: ASHTON PHOTOGRAPHY LLC                               |                    |  |  |
|   | nited Liability Co | ompany)  |  |
| The enclosed member, resignation or dissoci                   | ation and fee      | (s) are submitted for filing.                    |  |
| Please return all correspondence concerning                   | this matter to     | :  |  |
| JAMES PRIDEMORE   |                    |  |  |
| (Contact Person)  |                    | <del></del>                                      |  |
| ASHTON PHOTOGRAPHY LLC  |                    |  | <b>1</b> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| (Firm/Company)  |                    | <del>_</del>                                     | 16 APR 18                                      |
| 1130 ARRINGTON CIR  |                    |  | 16 APR 18 PM 4: 24                             |
| (Address)   |                    | <del></del>                                      | PH   |
| OVIEDO, FL 32765  |                    |  | ų; 2 <sup>1</sup>                              |
| (City/State and Zip Code)                                     |                    | _  | *  |
| For further information concerning this matt                  | er, please call    | :  |  |
| JAMES PRIDEMORE   | 407<br>at (        | 721-4553   |  |
| (Name of Contact Person)                                      | \                  | le & Daytime Telephone Number)                   |  |
| Enclosed please find a check made payable t ■ \$25 Filing Fee |                    | Department of State for: ng Fee & Certified Copy |  |
| STREET/COURIER ADDRESS:                                       |                    | MAILING ADDRESS:                                 |  |
| Registration Section  |                    | Registration Section                             |  |
| Division of Corporations Clifton Building                     |                    | Division of Corporations<br>P.O. Box 6327        |  |
| 2661 Executive Center Circle                                  |                    | Tallahassee, Florida 32314                       |  |

Tallahassee, Florida 32301

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

|                                     | limited liability company as it appears on the records of the Florida De  | partment     |
|-------------------------------------|---|--------------|
| 2. The Florida docu<br>L04000002072 | nment/registration number assigned to this limited liability company is:  |              |
| MADENI DDIE                         | mber/manager withdrew/resigned or will withdraw/resign is:  DEMORE  | <u>အ</u> ပုံ |
| MGMR                                | (Print Title)   | PH 4: 24     |
| resignation in wri                  | bility company and affirm the limited liability company has been notifications.  Lademon  Sociating Member or Resigning Manager | ed of my     |
| Filing Fee:<br>Certified Copy:      | \$25.00 (Required)<br>\$30.00 (Optional)  |              |