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Division of Corporations	
SUBJECT: Clean Cut Pain (Name of Limit	ting of Florida UC ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:
William D. Price II (Contact Person)	
(Firm/Company)	
Lele15 Path St W. (Address)	
Bradenton, FL 342 (City/State and Zip Code)	00
For further information concerning this matte	r, please call:
William O Price II (Name of Contact Person)	at (941) 538-3942. (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



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)

1. The name of the I	imited liability company as i	t appears on	the record	ds of tl	ne Florio	da Dep	artment
of State is:	can Cut Paintin	g of	Flor	ida	uc		
	ment/registration number ass	•					
L15000	058575						
3. The date this men	nber/manager withdrew/resig	ned or will	withdraw	resign	is: Oct	ober	72015
4.1, Michael							
ME	Print Title)						
of this limited liab resignation in writ	ility company and affirm the ing.	limited liab	ility comp	oany ha	as been i	notifie	d of my
Signature of Dis	sociating Member or Resign	ing Manager	•				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				LECRETARY OF S	2015 OCT 13 A	