

L15000112871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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16 AUG 16 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/16/05

May 1, 2016

Rita Priest
Co-Founder AscensionConsult
7831 Davis St.
Port Richey, FL 34668

Re: Resignation

Dear Rita,

It is with heavy heart that I have decided to resign from my position of COO and co-owner of AscensionConsult, LLC. I accept that with this resignation I forgo all ownership, shares, profits, and liability of AscensionConsult, LLC from above date, moving forward. Please accept this resignation and submit the change to the state filing for AscensionConsult, LLC.

Thank you,



Amber McLawhorn
Co- Founder, AscensionConsult, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASCENSION CONSULT, LLC

(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RITA PRIEST

(Contact Person)

REGISTERED AGENT, ASCENSION CONSULT, LLC

(Firm/Company)

7831 DAVIS ST

(Address)

PORT RICHEY, FL 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

RITA PRIEST

727 457-2127

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (2/14)

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TALLAHASSEE, FLORIDA



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 limited liability company as it appears on the records of the Florida Department
of State is: ASCENSION CONSULT, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L15000112871

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 1, 2016
AMBER MCLAWHO (aka MCLAWHORN)

4. I, (Print Name of Person Resigning), hereby withdraw/resign as a
MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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TALLAHASSEE, FLORIDA