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Registration Section

TO:

Division of Corporations Priceless Ambitions LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Cindy B. Bohn, CPA (Contact Person) Swindell Bohn Durden & Phillips, PL (Firm/Company) 3560 South Third Street (Address) Jacksonville Beach, FL 32250 (City/State and Zip Code) For further information concerning this matter, please call: Cindy Bohn (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



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)

Price	e limited liability company as		ds of the Florida Department
2. The Florida doc L16000170178	ument/registration number a	ssigned to this limited li	ability company is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/	resign is:
Stephen Price		, hereby withdraw/	
(Print)	vame of Person Resigning)		•
Manager			
 	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	e limited liability comp	any has been notified of my
		· · · · · · · · · · · · · · · · · · ·	
Signature of D Filing Fee: Certified Copy:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	-9 PH 4: 3