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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

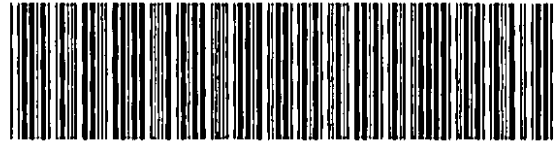
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22 SEP -7 PM 1:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Priority Community Management.
(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:

Michelle Sutton
(Contact Person)

Priority Community Management
(Firm/Company)

2000 N. 6th Street, Unit 1, #305
(Address)

St. Augustine, FL 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Sutton at (904) 810-8298
(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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 SEP - 7 PM 1:48

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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: Priority Community Management.

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

LI8000290511

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/17/2022

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

AK
(Print Title)

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

DocuSigned by:

Paula Pearce

Signature of Dissociating Member or Resigning Manager

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

22 SEP -7 PM 1:48
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE