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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Pryceless Ventures, LLC (Name of Limited Liability Company)		
(Name of Limited I.	iability Company)	
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.	
Please return all correspondence concerning this i	natter to:	
Matthew Bernal (Contact Person)	<u>. </u>	
Pryceless Ventures, LL (Firm/Company)	<u>.c</u>	
412 E. North Shore D	<u>)r.</u>	
N. Ft. Myers, FL 3391 (City/State and Zip Code)	.7	
For further information concerning this matter, ple	ease call:	
Matthew Bernal at (Name of Contact Person)	808) 892 – 9309 Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

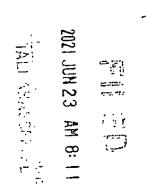
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee. FL 32314



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 limite	d liability company as it appears on the records of the Florida Department
of State is: Pr	iceless Ventures, LLL
2. The Florida document/ しぬ10000	registration number assigned to this limited liability company is:
3. The date this member/	manager withdrew/resigned or will withdraw/resign is: 22200
4. I. Kayla Ch	Person Resigning). hereby withdraw/resign as a
Authorize	d Member
of this limited liability or resignation in writing.	company and affirm the limited liability company has been notified of my
Kaya Ch Signature of Dissocia	ting Member of Resigning Manager
Filing Fee: \$2: Certified Copy: \$30	5.00 (Required) 0.00 (Optional)