

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B.	usiness Entity Nam	e)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
K\$1/28	NCV.	lesis.
	Office Use Only	



07/26/06--01037--001 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Color Crestors L (Name of Limited Lia	bility Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Member	ber or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Shawn James Cahill (Name of Person)	<u></u>
Color Creators LLC (Firm/Company)	· · · · · · · · · · · · · · · · · · ·
4308 NW 32nd 54 (Address)	
CAMESVILL, FL, 32605 (City/State and Zip Code)	
For further information concerning this matter, please of	all:
Shawn Cahell at (Name of Person) (A	rea Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:	
\$25 Filing Fee	\$55 Filing Fee &
CR2F079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Shawn James Cahell , hereby resign as Manager-owner (Title)
of Color CrEATORS LLC
(Limited Liability Company)
a limited liability company organized under the laws of the State of Florida,
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DIVISION OF CORPORATION

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