L05000058658

•				
	(Reque	stor's Name	e)	
-	(Addre	ss)		
	(Addre	ss)		
	(City/S	tate/Zip/Pho	one #)	
PICK-UF	> [WAIT	MAIL	
	(Busine	ess Entity N	ame)	
	(,		
(Document Number)				
Certified Copies		Certificat	tes of Status	
Special Instructions	to Filir	ng Officer:		

Office Use Only



200092019872

03/12/07--01022--022 **55.00

07 MAR 12 PM 1:08

DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bella Colors, LLC (Name of Limited I	Liability Company)	
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted for	or
Please return all correspondence concerning this	matter to:	
Dawn R. Brooks		-
(Contact Person)		3 Nis
Bella Colors, LLC		MAR -
(Firm/Company)		5 E
28 Royal Palm Lane		DIVISION OF CURPUNATIONS
(Address)		08
Palm Coast, Florida 32164		
(City/State and Zip Code)		
For further information concerning this matter, p	lease call:	
Dawn R. Brooks (Name of Contact Person)	386 566-7001 Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for: √ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida of State is: Bella Colors, LLC	Depa	rtment
2. This limited liability company was organized under the laws of: Florida	07 MAR 12	DIVISION OF CON
3. The Florida document/registration number of this limited liability company is: L0500058658	PM 1: 08	J. STATE PORATIONS
4. I, Michael Sullivan , hereby resign as a MGRM		
(Print Name of Person Resigning) (Print Till of this limited liability company and affirm the limited liability company has been no resignation in writing.	,	of my
Signature of Resigning Member, Managing Member or Manager		
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		

CR2E079 (5/06)