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2011 AUG 10 PM 2: 32 SECRETARY OF STATE

C. LEWIS

AUG 1 1 2011

EXAMINER

Mailed 8/8/11

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KCI CONCRETE COLOR	R SYSTEMS LLC d Liability Company)
(Name of Limited	a Liability Company)
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	is matter to:
JAMES R WILDER	
(Contact Person)	
(Firm/Company)	
102 OAKHILL AVE	
. (Address)	
FT WALTON BEACH FL 32547	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
JAMES R WILDER	850 ₎ 863-3378
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
✓ \$25 Filing Fee	\$55 Filing Fee &
<u>. </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as		
of State is: KCI	CONCRETE COLOR	RSYSTEMS LLC	·•
2. This limited liabi	lity company was organized	under the laws of:	
		. 	
3. The Florida docu L06000011	ment/registration number of 617	this limited liability cor	npany is:
4. I, JAMES R	WILDER	, hereby resign as a	MANAGING MEMBER
(Print Name of Person Resigning)		<u></u>	(Print Title)
of this limited liab resignation in wri	ility company and affirm the ting.	limited liability compa	my has been notified of my
Signature of Resignature	ning Member, Managing M	ember or Manager	
	, <u>,</u>		
Filing Fee:	\$25.00 (Required)	,	
Certified Copy:	\$30.00 (Optional)	·	