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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

CHROMACRETE, LLC (Firm/Company) ARETARY OF AM (Firm/Company)	Division of Corporations			
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Wayne Valzania (Contact Person) CHROMACRETE, LLC (Firm/Company) 23 Alafaya Woods Blvd. #110 (Address) Oviedo, FL 32765 (City/State and Zip Code) For further information concerning this matter, please call: Wayne Valzania (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 Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS:	SUBJECT: CHROMACRETE, LLC			
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Wayne Valzania CHROMACRETE, LLC (Firm/Company) 23 Alafaya Woods Blvd. #110 (Address) Oviedo, FL 32765 (City/State and Zip Code) For further information concerning this matter, please call: Wayne Valzania (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\subseteq}\$		ager resignation and fee(s) are submitted	l for	
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Division of Corporations Clifton Building 2661 Executive Center Circle Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Registration Section Division of Corporations Clifton Building	Registration Section Division of Corporations P.O. Box 6327		

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



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 l	imited liability company as it a	appears on the records of the Flo	orida Departm	ent .
2. This limited liabil	ity company was organized ur Lawful Business	nder the laws of:	07 SEP 13 AM SECRETARY OF ALLAHASSEE.F	
3. The Florida documents of the Florida docume	ment/registration number of th	is limited liability company is:	AM II: 39 OF STATE FLORIDA	
4. I, Matthew Va	alzania me of Person Resigning)	, hereby resign as a Manag	jer rint Title)	_
·	ility company and affirm the li	mited liability company has bee		ny
	ming Member, Managing Men	_		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	11, Septe Kathry	KATHRYN L. Notary Public, State My commission Do 226	RYAN e of Florida July 12, 2008