

# LO7000068326

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

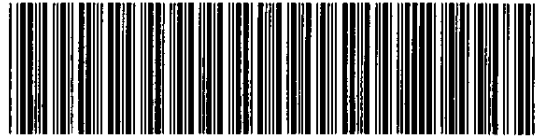
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 30 2007

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Color Creators LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William M. Jones Sr.  
(Contact Person)

Color Creators LLC  
(Firm/Company)

P.O. Box 140622 Gainesville, FL 32614  
(Address)

Gainesville, FL 32614  
(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Jones Sr at ( 352 ) 441-0517  
(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

☐ \$55 Filing Fee &  
Certified Copy

**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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Color Creators LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L07000068326

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William M. Jones Sr.  
(Name of Person)

Color Creators LLC  
(Name of Firm/Company)

P.O. Box 140622  
(Address)

Gainesville, FL 32614  
(City/State and Zip Code)

For further information concerning this matter, please call:

William M. Jones Sr. at ( 352 ) 441-0517  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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 Department of State is: Color Creators LLC

2. This limited liability company was organized under the laws of:

Florida

3. The Florida document/registration number of this limited liability company is:

L07000068326

4. I, William M Jones Jr., hereby resign as a Manager  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

William M Jones Jr. "Manager"  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
07 NOV 29 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA