

LO7000068326

William M. Jones Sr.

(Requestor's Name)

PO BOX 140622

(Address)

(Address)

Gainesville Fl. 32614

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

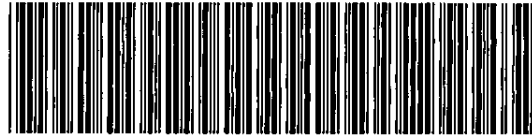
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2007

WILLIAM M. JONES, SR.
PO BOX 140622
GAINESVILLE, FL 32614

SUBJECT: COLOR CREATORS LLC
Ref. Number: L07000068326

We have received your document for COLOR CREATORS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

Each amendment would require a separate filing fee for each one. If you choose to file the RESIGNATION OF REGISTERED AGENT that fee is \$85.00 plus the STATEMENT OF CHANGE OF REGISTERED AGENT would be another \$25.00. You may just send back the STATEMENT OF CHANGE OF REGISTERED AGENT with \$25. that would remove the current Registered Agent and change to the new Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 207A00068039

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

William M. Jones Jr., hereby resigns as
(Name of Registered Agent)

Registered Agent for Color Creators, LLC
(Name of Limited Liability Company)

L07000069326
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

William M. Jones Jr.
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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TALLAHASSEE FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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