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B. BOSTICK
JUL 26 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Clob Color (Name of Limited Liability	y Company)
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
Alax Milian	
(Contact Person)	
Clip a Matica	
Club collective (Firm/Company)	
490 w 42 pl (Address)	
(Address)	
Haleah FL 33012 (City/State and Zip Code)	ASS.
(City/State and Zip Code)	mc = i
For further information concerning this matter, please	Call:
(Name of Contact Person) at (75)	6) 277-7884 REE 73
(Name of Contact Person) (Area of	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	
	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)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it a		rds of the Florida Department	
	ity company was organized un ω Fυ (Βυ s ως ες		Ą	
	nent/registration number of the	s limited liability c	ompany is:	
	ENCINOSA ne of Person Resigning)		•	
resignation in writi	lity company and affirm the li	miled Hability Com		
Signature of Resign	ning Member, Managing Mem	ber or Manager	11 JUL 25 SEURCIAN SEURANASSE	-
Filing Fee: Certified Copy:			5 AH IZ: 12 The STATE SEE. FLORIDA	7

CR2E079 (5/06)