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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FEB - 4 **2013**

COVER LETTER

TO: Registration Section

Tallahassee, Florida 32301

CR2E079 (12/13)

Division of Corporations	
SUBJECT: Classic Landscape Colors LL	<u></u>
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for fi	ling.
Please return all correspondence concerning this matter to:	
Karen Park (Contact Person)	
Classic Landscape Colors, 21C	
POBOK 1322 (Address)	
Muberry FC 33860 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (863) 435-30 (Area Code & Daytime Telephone	
Enclosed please find a check made payable to the Florida Department of State for \$25 Filing Fee \$\square\$ \$\$\$\$ \$	ŕ
STREET/COURIER ADDRESS: MAILING ADDRI	
Registration Section Registration Section	
Division of Corporations Division of Corpora	tions
Clifton Building P.O. Box 6327	20214
2661 Executive Center Circle Tallahassee, Florida	. 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: Classic Land Scape Colors, UC	<u> </u>
2. The Florida document/registration number of this limited liability company is:	
3. The date this member withdrew or will withdraw is:	_
4. I, Melissa Mottern, hereby resign as a MGRM (Print Name of Person Resigning) (Print Title)	_
of this limited liability company and affirm the limited liability company has been notified of mesignation in writing.	ıy
Melisse O. Watter Signature of Resigning or Dissociating Manager, Member	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (12/13)