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SECREMENT OF STATE

J. BRYAN

AUG 21 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TColor Parting ClC (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:
Rueben Gossalus (Contact Person)
- 1Color Pointing Ue
(Firm/Company) 1421 Green R. dge Dr (Address) City/State and Zip Code)
appla FC 32703 (City/State and Zip Code)
For further information concerning this matter, please call:
Ruchen Goodles at 407 340-1712 (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: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company a		of the Florida Departm	ent _·
	lity company was organize	ed under the laws of:		
	ment/registration number o	of this limited liability com	pany is:	•
,	ame of Person Resigning)	, hereby resign as a	(Print Title)	_
resignation in wri	pility company and affirm ting.	he limited liability compar	ly has been notified of	my
Signature of Resi	gning Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		REAUG 20 PM 1	