

L14000134423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000267725250

12/29/14--01016--010 \*\*25.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC 29 PM 3:38

JAN 05 2015  
T. CARTER.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAXCOLOR, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Pamela E. Pannell  
(Contact Person)

Jaxcolor, LLC  
(Firm/Company)

806 Rosselle St., Suite B  
(Address)

Jacksonville, Florida 32204  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela E. Pannell at (904) 900-3179  
(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



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 29 PM 3:38

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: JAXCOLOR, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
47-1722228

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-16-14

4. I, Robert Back, hereby withdraw/resign as a  
(Print Name of Person Resigning)

VMGR  
(Print Title)

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

X Robert Back

Signature of Dissociating Member or Resigning Manager

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