

L05000036091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

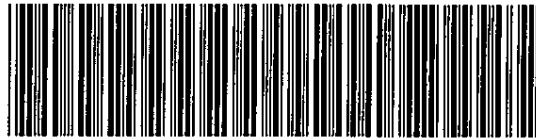
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600111331096

10/30/07--01011--003 \*\*25.00

2007 OCT 30 P 4: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IMV Films LLC

(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:

Savitar Charudattan

(Contact Person)

IMV Films LLC

(Firm/Company)

8520 NW 2nd Place

(Address)

Alachua, Florida 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

John B Partin

(Name of Contact Person)

at ( 202 ) 316 2472

(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

2007 OCT 30 P 4: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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


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

2. This limited liability company was organized under the laws of: Florida

3. The Florida document/registration number of this limited liability company L05000036091

4. I, John B Partin, hereby resign as a Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*

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

  
Signature of Resigning Member, Managing Member or Manager

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

**FILED**  
2007 OCT 30 P 4: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA