## #109000004772

(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



600190715826

**600190715826** 01/13/11--01007--006 \*\*30.00

11 JAN 13 PM 3: 03
SECRETARY OF STATE
SECRETARY OF STATE

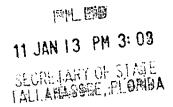
EXAMINER
JAN 14 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 6 MW Inspilation Films UC. (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:
MARITZA GOIMET
GMW Inspirational Fahre LLC (Firm/Company)
25 SE 2nd Are suite #1148
Minui Plorias, 33131 (City/Stute and Zip Code)
For further information concerning this matter, please call:
Marcha Guinet at 305, 205-1949  (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: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327
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

1. The name of the	limited liability con	npany as it	appears on the r	ecords of the	e Florida Department
of State is:	GMW	In	SPIRAD	OPPL	- FILMSLL
	oility company was o	organized ur	nder the laws of		
3. The Florida doc	ument/registration nu	umber of th	is limited liabili	ty company	is:
L090	0000 4772	<u> </u>	·		
4. I. YOLAND (Print N	A BENE I Jame of Person Resigning		, hereby resig	n as a	MGR (Print Title)
resignation in wr	ty)			-	s been notified of my
Signature of Resi	igning Member, Man	naging Men	iber or Manage	r	
Filing Fee:	\$25.00 (Required	i)			
Certified Copy:	\$30.00 (Optional	)			