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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:

Registration Section

Clifton Building

CR2E079 (2/14)

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

Registration Section
Division of Corporations

SUBJECT: GW FINANCIALLY INDEPENDENT, 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:
Grag (Contact Person)
GW FINANCIALLY Indopendent, LLC (Firm/Company)
2065 Fairway Close Terrace (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 970-4746 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314





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: 6	W FINANCIALLY INDEPENDENT, LLC.
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	ØØ24Ø26
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 4//////
4. I, STEVEN (Print No.	me of Person Resigning), hereby withdraw/resign as a
Geveral	MANAGER MSLM Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ting.
	de la
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)