

4/29/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC
Account Number : I20140000082
Phone : (305)644-9144
Fax Number : (786)477-5802

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GRUM PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GRUM PRODUCTIONS 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:

IRMA SERNA

(Contact Person)

ASLAN TAX SERVICES INC

(Firm/Company)

762 SW 18 AVE

(Address)

MIAMI, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

IRMA SERNA

(Name of Contact Person)

at (305) 644-9144
(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



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: GRUM PRODUCTIONS LLC
2. The Florida document/registration number assigned to this limited liability company is:
L15000052318
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/25/2015
4. I, RENZO R MORETTI, hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(Print Title)

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

A handwritten signature in black ink, appearing to read "Renzo R. Moretti", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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