538235

(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



800248335608

06/26/13--01017--005 **\$95.00

13 JUN 26 PM 2: 20

VISION OF CORPORATIONS

JUN 2 8 2013

T. BROWN

COVER LETTER

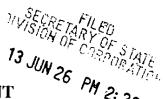
4

TO: Amendment Section Division of Corporations
SUBJECT: Magna Carta Services, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 538235
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
David M. Rieth
(Name of Person)
Rieth & Ritchie, P.A.
(Name of Firm/Company)
1009 West Cleveland Street
(Address)
Tampa, Florida 33606
(City/State and Zip Code)
For further information concerning this matter, please call:
David M. Rieth (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, David M. Rieth
(Name of Registered Agent)
nereby resigns as Registered Agent for Magna Carta Services, Inc.
(Name of Corporation)
538235
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address
The agency is terminated and the office discontinued on the 31st day after the date on which his statement is filed.
(Signature of Resigning Agent)
f signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314