

A15000000784'

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

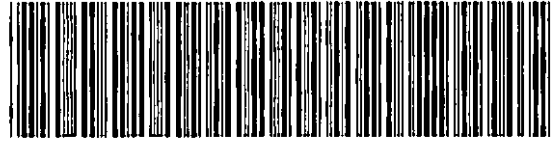
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Must be cancelled first

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03/23/21--01002--013 **52.50

2021 JUN 28 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Termination

JUL 22 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magic Place Phase One Fund, LP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Giulianna Orsetti

(Contact Person)

Magic Companies Group LLC

(Firm/Company)

7430 Brooklyn Drive

(Address)

Kissimmee, FL 34747

(City, State and Zip Code)

For further information concerning this matter, please call:

Giulianna Orsetti

(Name of Contact Person)

at (407) 9928802 Ext 102

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2021

GIULIANNA ORSETTI
MAGIC COMPANIES GROUP LLC
7430 BROOKLYN DRIVE
KISSIMMEE, FL 34747

SUBJECT: MAGIC PLACE PHASE ONE FUND, LP
Ref. Number: A15000000784

We have received your document for MAGIC PLACE PHASE ONE FUND, LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Before this termination can be filed the Certificate of Dissolution must be filed first. This application must also be signed by all general partners or the person appointed pursuant to s. 620.1803 (3) or (4), F.S..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 121A00012426

STATEMENT OF TERMINATION
FOR

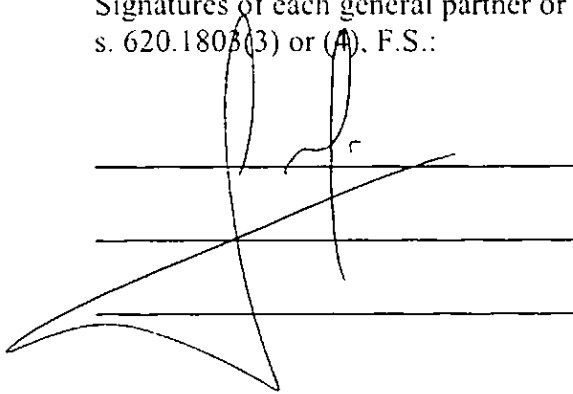
Magic Place Phase One Fund, LP

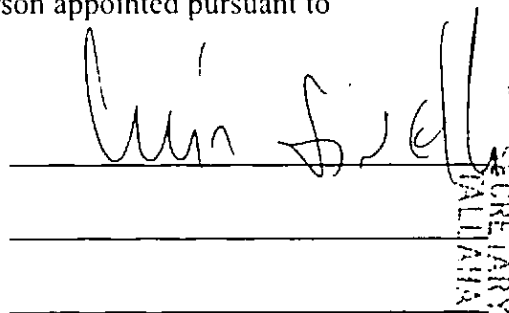
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/11/2015, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:





SECRETARY OF STATE
PALM BEACH, FL

2021 JUN 28 PM 1:22

FILED

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75