

A930000000670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

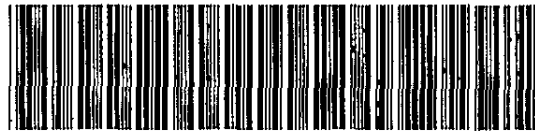
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

A930000000670  
RARER

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

MAGIC FANATTIC, LTD. (FL.DOM.)

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** A93000000670

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:

THERESA ALFIERI

\_\_\_\_\_  
(Name of Person)

C T CORPORATION SYSTEM

\_\_\_\_\_  
(Name of Firm/Company)

111 8TH AVENUE - 13TH FLOOR

\_\_\_\_\_  
(Address)

NEW YORK, NEW YORK 10011

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

THERESA ALFIERI

(lk)

5/19/04

at

( 212 )

894 - 8516

\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED  
PARTNERSHIP**

Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

C T CORPORATION SYSTEM, hereby resigns as Registered  
(Name of Registered Agent)

Agent for MAGIC FANATTIC, LTD. (FL.DOM.) #A93000000670

\_\_\_\_\_  
(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature)  
**THERESA ALFIERI**  
ASSISTANT SECRETARY

**FILED**  
04 MAY 28 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**FILING FEE: \$ 87.50**

INHS16(9/98)