FILED
Jun 17, 2003 8:00 am
Secretary of State
05-02-2003 90587 045 ****50.00

5/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002278

44004639

[redacted]

1. Entity Name
MAGIC CHARTERS, LLC

Principal Place of Business	Mailing Address
3813 WEYMOUTH WOODS DRIVE MEDINA, OH 44256	3813 WEYMOUTH WOODS DRIVE MEDINA, OH 44256

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-2984005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEEWALD, JEANNE L 850 PARK SHORE DRIVE SUITE 300 NAPLES, FL 34103	Name: R & A AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable): ~~850 Park Shore Drive~~ Suite 300 City: Naples FL Zip Code 34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Assistant Secretary
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOBINCHUCK, MICHAEL 3813 WEYMOUTH WOODS DRIVE MEDINA, OH 44256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/27/03 330-421-0303
Signature and typed or printed name of managing member, manager, or authorized representative Date Daytime Phone #

Attachment

44004639

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FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

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SIGNATURE: [signature] 4/27/03 330-421-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #