## L02000003523

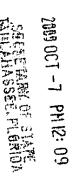
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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Magnum Capital, LLC (Name of Limited Liability Con	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Debbie Lemasters	
(Contact Person)	- 20 <del>8</del>
Magnum Capital, LLC	ABLANASSE
(Firm/Company)	T-7 PM
19806 Panama City Beach Pkwy	PM IZ: 09
(Address)	- - - - -
Panama City Beach, Fl. 32413	•
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Debbie Lemasters at ( 850	233-0505
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee &
<u> </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as num Capital, LLC	it appears on the records of the	Florida Department
**	lity company was organized	l under the laws of:	DCT -7 PM 12: 09
3. The Florida docu <u>L02000002</u>	_	f this limited liability company is	
of this limited liab	ame of Person Resigning) wility company and affirm th	he limited liability company has l	(Prini Title)
resignation in wri	Blackuly gning Member, Managing N	леmber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		