

L 02000011436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

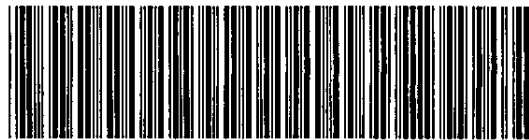
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV 21 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2016

MAGIC IMAGE DESIGN LLC
PATRICIO SLY
135 WESTON RD, STE. 130
WESTON, FL 33326

SUBJECT: MAGIC IMAGE DESIGN, LLC
Ref. Number: L02000011436

We have received your document for MAGIC IMAGE DESIGN, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00023600

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC IMAGE DESIGN LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PATRICIO SLY

(Contact Person)

MAGIC IMAGE DESIGN LLC

(Firm/Company)

135 Weston Road Suite:# 130

(Address)

33326

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricio Sly

(Name of Contact Person)

at 754 246-2005

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: MAGIC IMAGE DESIGN LLC

2. The Florida document/registration number assigned to this limited liability company is:
L02000011436

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/25/16

4. I, SLY, PAULA M, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager (MGR)

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

