10500015971

(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:				
		s		

Office Use Only



600216381966

01/06/12--01005--026 **50.00

2012 JAN -6 AH II: 42

SECRETARY OF STATE:
TALLAHASSEF FI OBINA

N-6 AHII:42

J. SAULSBERRY EXAMINER

FEB 3 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MAGIC, LLC (Name of Limited Liability Co	ompany)	
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for	
Please return all correspondence concerning this matter to	:	
Jill Jernigan Lancaster		
(Contact Person)		
MAGIC, LLC	= ¹	
(Firm/Company)	DIZ.	
P.O. Box 631	1012 JAN -6 AI SECRETARY OF ALLAHASSEE, I	
. (Address)	mo r	
Valparaiso, FI 32580	AM 11: 42 FLORIDA	
(City/State and Zip Code)	10 ₀	
For further information concerning this matter, please call:	· · · · · · · · · · · · · · · · · · ·	
Jill Jernigan Lancaster at (850	978-4089	
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, i fortaa 32317	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company	as it appears on the records	s of the Florida Department
2. This limited liab	oility company was organiz	zed under the laws of:	
3. The Florida doc L0500001		of this limited liability con	npany is:
4. I, Sandra L.		, hereby resign as a	MGRM
		the limited liability compar	(Print Title) ny has been notified of my
Saudron	Moderna 2		2012 JAN SECRETA TALLAHAS
Signature of Res	igning Member, Managing	Member or Manager	FIL I
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MII:4