105000044850

| (Requestor's Name) |
|----------------------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) 05-44850 (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
| 10/25 Men Roo: |
| MS+DATES |
| Office Use Only |



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FILED

05 OCT 24 PH 3: 41

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--------------------------------------------------------|---------------------------------------------------|
| SUBJECT: Magic Pools, LLC (Name of Limited Li | ability Company) |
| Dear Sir or Madam: | |
| The enclosed Resignation of Member, Managing Mem | ber or Manager and fee(s) are submitted for filin |
| Please return all correspondence concerning this matte | r to the following: |
| | |
| Patricia O. Espinosa, Esq. | |
| (Name of Person) | |
| Law Offices of Patricia O. Espinosa, P.A. | <u>4</u> |
| (Firm/Company) | |
| 815 N.W. 57th Avenue Suite 405 | |
| (Address) | |
| Miami, Florida 33126 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please | call: |
| Patricia O. Espinosa, Esq. | 305 262-5911 |
| | Area Code & Daytime Telephone Number) |
| | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations P.O. Box 6327 |
| Clifton Building 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the following amount: | |
| \$25 Filing Fee | ✓\$55 Filing Fee & |
| | Certified Copy |

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, Roberto Noroña | hereby resign as Managing Member | |
|------------------------------------------------------------------------------------------------|----------------------------------|--|
| | (Title) | |
| of Magic Pools, LLC | enge one | |
| (Limited Li | ability Company) | |
| a limited liability company organized under the | laws of the State of Florida | |
| and affirm that the limited liability company has been notified in writing of the resignation. | | |
| all | | |
| (Signature of resigning manag | er, managing member or member) | |

FILING FEE IS \$25.00

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