

# LC5000058112

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

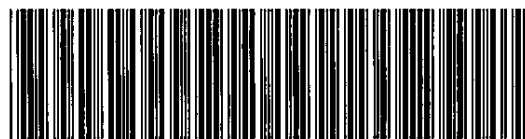
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100297832881

04/20/17--01019--002 \*\*200.00

FILED  
17 APR 20 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

APR 21 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGNUM SECURITIES 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:

CHAD GATES, ESQ.

(Contact Person)

BAND, GATES & DRAMIS

(Firm/Company)

2070 RINGLING BLVD

(Address)

SARASOTA, FLORIDA 34237

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIK J. ARROYO, ESQ.

(Name of Contact Person)

at 941 366-8010

(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

FILED  
17 APR 20 PM 1:13  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: MAGNUM SECURITIES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L05000058112

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/28/2017

4. I, Elena Jones, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(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)

FILED  
17 APR 20 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA