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PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN

JAN - 8 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Magical Jaca (Name of Limite	tion Express, LLC d Liability Company)
The enclosed member, managing member or mfiling.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Alejandro Solovjov (Contact Person)	7 NAC 80
Magical Jacation Exp	presi, LLC
P.O. BOX (620031 (Address)	
Ollando FL- 32862 (City/State and Zip Code)	
For further information concerning this matter	, please call:
Alex Solovi ov (Name of Contact Person)	at (<u>407</u>) <u>409 8336</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations 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 it appears on the records of the Floridagical Vacation $\overline{T} \times press$, LLC	da Department
	ility company was organized under the laws of:	DIVISION OF COT
	ument/registration number of this limited liability company is:	PM 4: 90
	Home of Person Resigning), hereby resign as a MGR (Print bility company and affirm the limited liability company has been resigned.	
resignation in wr		ounce or my
Signature of Resi	gning Member, Managing Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	