LO 70000 39718

(Requestor's Name)
(Address)
(Address)
(C)- (C) (7)- (C) (4)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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A. LUNT
DEC - 3 2008
EXAMINER

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

CFRA, LLC

REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10th Floor Tampa, Florida 33607-5736 Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

November 26, 2008

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

Re: RESIGNATION OF REGISTERED AGENT - F MAGIC HOLDINGS, LLC

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for F Magic Holdings, LLC Also renclosed is Carlton Fields' Check No. 456194 in the amount of \$25.00 for the filing feet

Very Truly Yours,

Soyce F. Bentubo

Secretary

JFB/jab Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509	Florida Statutes, the undersigned,
CFRA, LLC	, hereby resigns as
(Name of Registered Agent)	, ,
Registered Agent for F Magic Holdings, LLC	
	7A 200
. (Name of Limited Liability C	Company) LCG DEC TAHAS
L07000039718	TAR TAR
(Document Number, if known)	E O P
A copy of this resignation was mailed to the above listed li	, , ——————————————————————————————————
The agency is terminated and the office discontinued on the	e 31st day after the date on which this statement ofiled.
Jour J. B. (Signature of R	Resigning Agent)
If signing on behalf of an entity:	
Joyce F. Bentubo	
(Typed or Printed	Name)
Secretary	
(Capacity)	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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