

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### LLC REGISTERED AGENT RESIGNATION MAGNOLIA 502 LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

D SCOTT  
JUN 28 2017

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

SUPERBIZ REGISTERED AGENT INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for MAGNOLIA 502 LLC

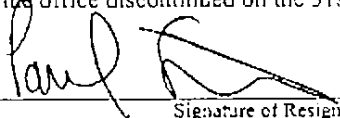
Name of Limited Liability Company

L08000112888

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Paul Smith

Typed or Printed Name

President

Capacity

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17 JUN 27 AM 6:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

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