

L09000003058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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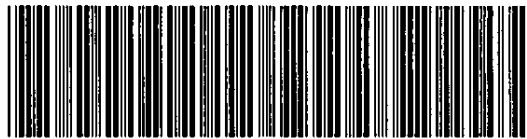
(Business Entity Name)

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TALLAHASSEE, FLORIDA

FEB - 5 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGICAL ENTERPRISES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO9000003058

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDITH CORNELIUS COLE, CPA, PA
Name of Person

JUDITH CORNELIUS COLE, CPA, PA
Name of Firm/Company

6707 N. HIMES AVENUE
Address

TAMPA, FL 33614
City/State and Zip Code

JGCCPA@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDITH CORNELIUS COLE at (813) 876-1223
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2014

JUDITH COLE
JUDITH CORNELIUS COLE CPA, PA
6707 N HIMES AVE
TAMPA, FL 33614

SUBJECT: MAGICAL ENTERPRISES LLC
Ref. Number: L09000003058

We have received your document for MAGICAL ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 414A00001150

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

JUDITH CORNELIUS COLE CPA PA, hereby resigns as
Name of Registered Agent

Registered Agent for MAGICAL ENTERPRISES LLC

Name of Limited Liability Company

L09000003058

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.

Judith Cole

Signature of Resigning Agent

If signing on behalf of an entity:

JUDITH CORNELIUS COLE, CPA, PA

Typed or Printed Name

PRESIDENT

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

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