

L09000028198

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14 AUG 18 PM 3:55

AUG 25 2014

T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC CITY FILM GROUP, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L09000028198

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:

JUAN VILLARREAL

Name of Person

3 STAR ENTERTAINMENT, LLC

Name of Firm/Company

1100 HARVEY ST.

Address

McALLEN, TX. 78501

City/State and Zip Code

jvreal515@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN VILLARREAL

956

343-4337

at ()

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

JOSE D. FREIXAS

, hereby resigns as

Name of Registered Agent

MAGIC CITY FILM GROUP, LLC

Registered Agent for _____

Name of Limited Liability Company

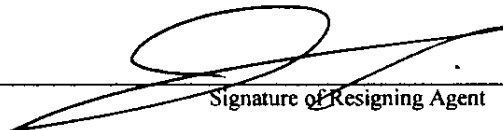
L09000028198

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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:

Jose D. Freixas

Typed or Printed Name
MANAGER

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withdrawn limited liability company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**