

L09000028198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

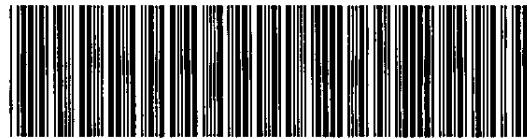
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 AUG 18 PM 2:45

AUG 25 2014
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGIC CITY FILM GROUP, LLC.

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JUAN VILLARREAL

(Contact Person)

3 STAR ENTERTAINMENT, LLC

(Firm/Company)

1100 HARVEY ST.

(Address)

McALLEN, TX. 78501

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN VILLARREAL

956

343-4337

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6027
Tallahassee, Florida 32311



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 18 PM 2:45

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: MAGIC CITY FILM GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L09000028198

3. The date this member/manager withdrew/resigned or will withdraw/resign is: AUG 11, 2014
JOSE D. FREIXAS

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)