

LO9000060661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

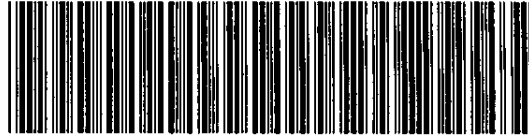
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/24/15--01005--029 \*\*165.00

15 FEB 24 PM 4: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

FEB 26 2015  
C. LEONARD

*W/m*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Magic Lid 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:

Daniel Geoghegan

(Contact Person)

Magic Lid LLC

(Firm/Company)

1751 W. Copans Rd., Suite 3

(Address)

Pompano Beach, Florida, 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Geoghegan

(Name of Contact Person)

at 954 974-7022

(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 6327  
Tallahassee, Florida 32314



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 Lid LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000060601

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/17/2015

4. I, Geoghegan, Marcelo E, 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.

*Marcelo E. Geoghegan*  
Signature of Dissociating Member or Resigning Manager

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

15 FEB 24 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED