

LO90000 75893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

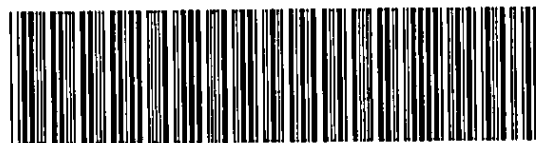
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

PERDOMO ROSALES, GUSTAVO A
4100 SALZEDO ST, UNIT 804
CORAL GABLES, FL 33146

SUBJECT: MAGUS HOLDING LLC
Ref. Number: L09000075893

2019 FEB -7 A 5
TALLAHASSEE

FILED

We have received your document for MAGUS HOLDING LLC and your check(s) totaling \$262.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 219A00001412

2019 FEB -7 12:10:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGUS HOLDING LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000075893

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:

PERDONO ROSALES, GUSTAVO A.
Name of Person

MAGUS HOLDING LLC
Name of Firm/Company

4100 SAWZARD STREET, Unit 804
Address

CONAL GABLES FL 33146
City/State and Zip Code

2019 FEB -7 A 8:15
TALLAHASSEE, FL 32301

FILED

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

For further information concerning this matter, please call:

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Linna Diaz

, hereby resigns as

Name of Registered Agent

Registered Agent for MAGUS Holding LLC

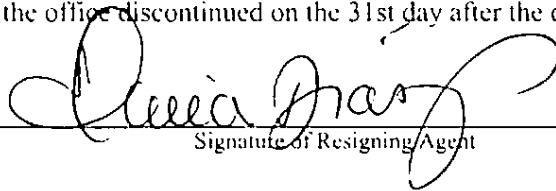
Name of Limited Liability Company

LO90000 75893

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:

Linna Diaz

Typed or Printed Name

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