

L1 00000063752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 30 2013
J. BRYAN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **MAGIC CHILDREN WORLD LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: **L10000063752**

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:

Yesenia Otero

Name of Person

AvanzeCorp, Inc

Name of Firm/Company

18501 Pines Boulevard, #320

Address

Pembroke Pines, FL 33029

City/State and Zip Code

info@avanzecorp.com

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

For further information concerning this matter, please call:

Yesenia Otero

Name of Person

at **(954) 374-4330**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

STREET ADDRESS:

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

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TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Catalina Milian

, hereby resigns as

Name of Registered Agent

Registered Agent for **MAGIC CHILDREN WORLD, LLC**


Name of Limited Liability Company

L10000063752

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:

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withdrawn limited liability company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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED