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SECHETARY OF STATE

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JUL 0 9 2015

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MAGAZU & DIGIACOMO L (Name of Limited Liability Co	L C mpany)			
The enclosed member, resignation or dissociation and feet	s) are submitted for filing	<u>,</u> .		
Please return all correspondence concerning this matter to	:			
BRIAN MAGAZY (Contact Person)	_			
Magazu & Digiacomo LLC (Firm/Company)		SECRI	15 JU	DIVISION
7740 Southside Blud Snite 2802 (Address)	<u>}</u>	HASSEE, FI	JUL -8 PM 1:36	ION OF CORPORATIONS
JACKSONVILLE 72 32256 (City/State and Zip Code)		ORIDA	l: 36	RATIONS
For further information concerning this matter, please call	:			***
BRIAN MAGAZY at (904) (Name of Contact Person) (Area Cod) 859 - 7174 e & Daytime Telephone No	ımber)		
Enclosed please find a check made payable to the Florida \$\forall \\$25 \text{Filing Fee}\$ \$\times \\$55 \text{Filing}\$	Department of State for: g Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327			

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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: MAGAZU & DIGIACOMO.				
2. The Florida document/registration number assigned to this limited liability company is:				
L 1 00000 94188				
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4.12. 2015				
4. I, Cagmen M. Di GIACOMO , hereby withdraw/resign as a (Print Name of Person Resigning)				
MNAging Member. (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				

SECHELARY OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)