# 111000129378

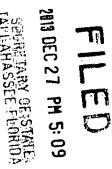
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FLORIDA DEPARTMENT OF STATE Division of Corporations

**December 4, 2013** 

JENNY SIMMS 1700 SW 14TH AVE MIAMI, FL 33145

SUBJECT: MAGNOLIA MIAMI LLC

Ref. Number: L11000129378

We have received your document for MAGNOLIA MIAMI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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 salt (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 413A00027675

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MA6 HOLLA MIAMI LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	òr	
Please return all correspondence concerning this matter to:		
JEUNY SIMMS (Contact Person)		
MAGNOLIA MIAMI LLC	2019	
1700 SW 14 AVC	3 DEC 27	
MIAMI FL 33145	PH 5: 09	
(City/State and Zip Code)	9	
For further information concerning this matter, please call:		
TENNY SIMMS at 786 247-9091 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$25 \text{ Filing Fee} \sum \\$55 \text{ Filing Fee &}\$		

#### STREET/COURIER ADDRESS:

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

Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is:	limited lia	bility company as it	appears on the reco	ords of the Flor	rida Depa	rtmen 	t
2. This limited liab FLOR	• • • • • •	any was organized u	nder the laws of:				
3. The Florida docu 	ument/regis 0129	stration number of the	nis limited liability	company is:	TALL'AHAS	2019 DEC 27	
(Print N	ame of Perso	SIMMS on Resigning)		(Pri	- PAI	PH 5:	mO
of this limited lial resignation in wr	bility comp iting.	pany and affirm the l	limited liability con	npany has beer	n <b>ai</b> ffied	<b>&amp;</b> my	,
Signature of Rest	gning Mer	mber, Managing Me	mber or Manager				
Filing Fee:		(Required)					
Certified Copy:	\$30.00	(Optional)					