L120000 58824

(Re	questor's Name)			
(Address)				
(Address)				
 (Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



300235119643

05/16/12--01008--020 **255.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY 17 2012 T. HAMPTON

COVER LETTER

SUBJECT: Magnificent Seven Properties, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L1200058824

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:

Burton W. Wiand

Name of Person
c/o Wiand Guerra King, PL
Name of Firm/Company
3000 Bayport Drive, Suite 600
Address
Tampa, Florida 33607
City/State and Zip Code

bwiand@wiandlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Burton W. Wiand at (813 347-5101

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

TO:

Amendment Section Division of Corporations

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

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

Pursuant to the provisions of se	ction 608.416(2) or 608.509	9, Florida Statutes, the undersigned,
Jeff	rey C. Rizzo	, hereby resigns as
Name o	f Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	Magnificent Seven Properties, LLC	
	Name of Limited Liability C	ompany
L120000588	24	,
Document Number, if	known	
A copy of this resignation was	nailed to the above listed li	mited liability company at its last known address.
The agency is terminated and the		e igning Agent
If signing on behalf of an entity		J
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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