L12000119255

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
AUG 1 4 2013					
A. LUNT					

Office Use Only



500250298985

08/12/13--01011--010 **25.00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Floor Magic, LLC	mited Liability Com	many)		
(Name of Life	inited Liability Con	ірану)		
The enclosed member, managing member of filing.	or manager resig	nation and fee(s) are sub	mitted :	for
Please return all correspondence concerning	g this matter to:			
Daniel Greer				
(Contact Person)		-	ege Alton	2
Floor Magic LLC			ELL AH:)13 AU
(Firm/Company)		-	ASS	G10
92 Ellis Road #2			EE. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	2
(Address)		-	3	₩
Miramar Beach, FL 325	550		ÇÇ1−1	53
(City/State and Zip Code)		-		
For further information concerning this mat	tter, please call:			
Dan Greer	at (850	2848902		
(Name of Contact Person)		& Daytime Telephone Nu	ımber)	
Enclosed please find a check made payable		-		
\$25 Filing Fee	U 3	S55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS	S :	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap or Magic, LLC	pears on the records of the Fl	orida De		nt _·
2. This limited liab Florida	lity company was organized unde	er the laws of:	LAHASSEE	2013 AUS 12	****
3. The Florida docu L120001192	ment/registration number of this 55	limited liability company is:	EDA	M 53	(°
4. I, Bud L. Glav	ISON ame of Person Resigning)	, hereby resign as a MGRM	Print Title)		-
of this limited lial resignation in wri	pility company and affirm the lim	ited liability company has be	,		¥
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				