

L12000123321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

NOV 18 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAGIC LINE HOLDINGS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000123321

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:

ERICK MAGNO

Name of Person

MAGNO & ASSOCIATE, PL

Name of Firm/Company

1401 BRICKELL AVENUE SUITE 500

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

MARCIE@MAGNOLAW.COM

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

For further information concerning this matter, please call:

MARCIE GREGORIO at (305) 379 4400  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**MAGNO & ASSOCIATES, PL**

Name of Registered Agent

Registered Agent for **MAGIC LINE HOLDINGS LLC**

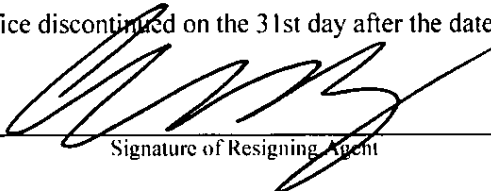
Name of Limited Liability Company

**L12000123321**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

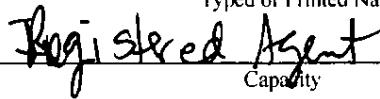
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

**ERICK MAGNO**

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**

**FILED**  
2019 NOV 15 PM 3:18  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE