Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (950)617~6383

l'r om:

Account Name : SHUTTS & BOWEN, M.P.

Account Number: 076447000313 Phone: (305)358-6300

Fax Number : (305)347-7750

: Ar the email address for this business entity to be used for

mail Address: Plagonowicz @ shutts.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAG & SOK LLC

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B. BOSTICK

DEC 3 0 2014

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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 appear of State is:MAG & SOK LLC	ars on the records of the Florida Department
2. The Florida document/registration number assigned L13000041360	to this limited liability company is:
3. The date this member/manager withdrew/resigned on A. I. RAVY TRUCHOT (Print Name of Person Resigning) MANAGER (Print Title)	r will withdraw/resign is: August 12, 2014. ereby withdraw/resign as a
of this limited liability company and affirm the limite resignation in writing. Signature of Dissociating Member or Resigning Marketing Fee. \$25.00 (Required) Certified Copy: \$30.00 (Optional)	

CR2E079 (2/14)