# L170000 86570

(Re	equestor's Name)				
(Ad	ddress)				
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(C	ity/State/Zip/Phone	e #)			
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JAN 05 2016 J SHIVERS

## COVER LETTER \*

TO:	Registration Section
	Division of Corporations

SUBJECT: MAGICAR TECH LLC	MAGICAR TECH LLC			
(Name of Limite	d Liability Company)			
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to:			
PATRICIA SOUZA CAVALCANTE				
(Contact Person)	<del></del>			
MAGICAR TECH LLC				
(Firm/Company)				
2842 O'CONNELL DR				
(Address)	<del></del>			
KISSIMMEE, FL 34741				
(City/State and Zip Code)				
For further information concerning this matter	, please call:			
	at ()			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to \$\$ \$25 Filing Fee	the Florida Department of State for:  \$\sim \\$55 \text{Filing Fee & Certified Copy}\$			

### STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

### MAILING ADDRESS:

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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabili	ty company is					
	MAGICAR TECH LLC						
2.	The Articles of Organization	were filed on $\frac{06/17/201}{}$	.3	and assign	ed	·	
	document number L13000086	5570	_				
3.	The delayed effective date the (effective of Note: If the date inserted in the listed as the document's effect	date cannot be prior to or mo- iis block does not meet the	re than 90 days later tha : applicable statutory	in date document is rei	ceived for fi this date w	ling) /ill not l	be
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the limit copy 605.0707 on back	ed liability compar cover letter).	ny's dissolution pu	rsuant to	section	1
	NO LONGER IN BUSINESS.						
					- 50		
						60	
		· <del>-</del>	<del></del>		23 504	_ <u>¥</u>	يورم. د ال
					35	7	Second Second
5.	If there are no members, entactivities and affairs:	er the name and address PATRICIA F SOUZA C		ointed to wind up t	he compa	nyts	
		RUA DEP. BALDUINO	M DE CARVALHO	0, 155/304	NIE NIE	3	
		JOAO PESSOA, PB 580	)36-860 BR				
6. lís	Signature of an authorized pated above to wind up the con	erson or if there are no npany's activities and af	members, the signa fairs:	iture of the person	appointed	l and	
	Though	<b>—</b>	Patricia !	de F. Sou	a la	<u>sale</u>	ute

F!LING FEE: \$25.00