

L1400010/096

(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:

Office Use Only



800269719138

02/20/15--01028--009 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB 20 PM 12:40

FEB 25 2015
T. CARTER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGICAL VACATION PROPERTIES
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DEREK DONNELLY
(Contact Person)

(Firm/Company)

874 SANDY RIDGE DRIVE
(Address)

DAVENPORT FL 33896
(City/State and Zip Code)

For further information concerning this matter, please call:

DEREK DONNELLY at (863) 420 1928
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 20 PM 12:40

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 appears on the records of the Florida Department of State is: MAGICAL VACATION PROPERTIES LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000101096

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2/16/15

4. I, DEREK DONNELLY, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)