L14000110634

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cil	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Naı	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



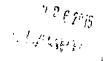
900274269169

06/25/15--01007--022 **25.00

FIL. EU

15 JUN 25 AM II: 38

SECKE FARY OF STATE



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	TEAM MAGIC REAL ESTAT	TE LLC	nnanvi
	(Name of Lim	ited Liability Con	npany)
The en	nclosed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
TIMO	OTHY L YOUNG		
	(Contact Person)	<u> </u>	_
TEAM	M MAGIC REAL ESTATE		
-	(Firm/Company)		_
1625	HACKNEY AVENUE		
	(Address)		_
ORL	ANDO, FL 32806		
	(City/State and Zip Code)		_
For fu	urther information concerning this matt	er, please call:	
TIMO	OTHY L YOUNG	321	377-1101
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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)

		s it appears on the records of	the Florida Department		
of State is: TEA	AM MAGIC REAL ESTATE	ELLC			
2. The Florida doc L1400010634	2	ssigned to this limited liabili	ty company is:		
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resig	gn is: 6-12-2015		
SARITA CA	RRERA		, hereby withdraw/resign as a		
MGR	Name of Person Resigning)				
	(Print Title)				
of this limited linger resignation in w		he limited liability company	has been notified of my		
Carias	Dissociating Member or Resig				
Signature of D	Dissociating Member or Resig	gning Manager	TAL SE		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		15 JUN 25 A SECRETARY O		