

L14000168224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

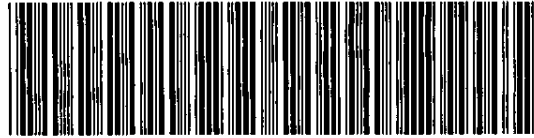
(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_ Magic Realty LLC  
(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:

\_\_\_\_\_ Michael Martin  
(Contact Person)

\_\_\_\_\_ Magic Realty LLC  
(Firm/Company)

\_\_\_\_\_ 1009 East Lakeshore Blvd  
(Address)

\_\_\_\_\_ Kissimmee, FL 34744  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ Michael Martin \_\_\_\_\_ at ( \_\_\_\_\_ 407 ) 574-4785  
(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



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:  Magic Realty LLC

2. The Florida document/registration number assigned to this limited liability company is:  
 L14000168224

3. The date this member/manager withdrew/resigned or will withdraw/resign is:  10/28/2014

4. I,  Amanda Renee Martin , hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AP - Authorized Representative   
*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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

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