

L15000134593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

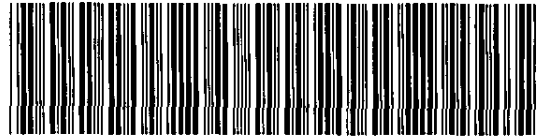
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Res of Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N. CAUSSEAU

COVER LETTER

L15-134593

TO: Registration Section
Division of Corporations

SUBJECT: Lucamagi 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:

Marco Rotardi
(Contact Person)

Lucamagi LLC
(Firm/Company)

6369 Parlappe Road
(Address)

Boca Raton FL 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

Marco Rotardi at (561) 302-4113
(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

September 1, 2015

MARCO ROTANDI
LUCAMAGI LLC
6369 POND APPLE ROAD
BOCA RATON, FL 33433

SUBJECT: LUCAMAGI LLC
Ref. Number: L15000134593

We have received your document for LUCAMAGI LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 115A00018440



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: LUCA MAGI LLC

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

47-4723063

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-21-15

4. I, Luigi Rotondi, 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 of Dissociating Member or Resigning Manager

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

2015 SEP 10 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED