616000162115

Alvi
(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



600420792146

12/27/23--01018--004 ** 35.00

023 DEC 27 PM 12: 35

COVER LETTER

Division of Corporations	
SUBJECT: Magill & Stoch! (Name of Limited Li	CPAs LLC iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Melissa Stochl (Contact Person)	
Magill & Stoch CPAs, LLC (Firm/Company)	
2033 Main St. Ste :	303
Sara Sota: F.L . 3423 (City/State and Zip Code)	3.7
For further information concerning this matter, pl	ease call:
Molissa Stoch at (Name of Contact Person)	94] 340 - 1125 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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 a	s it appears on the	e records of the	: Florida Depar	tment
of State is:	Magill & Stoc	hl, CPAs	LLC		·
	ument/registration number a	ssigned to this lir	mited liability c	company is:	
3. The date this me	ember/manager withdrew/res	signed or will wit	hdraw/resign is	s: 12/31/23	
	ce J Mag				
Man	(Print Title)				
resignation in wi	Silmin		y company has	been notified o	of my
Signature of D	issociating Member or Resig	gning Manager		- •	
•	\$25.00 (Required) \$30.00 (Optional)			2023 DEC 27 SEATT ARA	71