L17 000 170 940

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

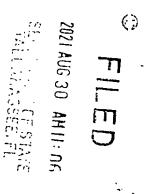
Special Instructions to Filing Officer:





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FLORIDA DEPARTMENT OF STATE AUG 30 PM 2: 43 Division of Corporations

August 16, 2021

SYLVIE POPOV 1721 NE 25TH ST WILTON MANORS, FL 33305

SUBJECT: MAKING MAGIC, LLC Ref. Number: L17000170940

We have received your document for MAKING MAGIC, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP/ LLP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Catherine M Brumbley Regulatory Specialist II

Letter Number: 121A00019461

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Making Machie (Spility)	Company)
The enclosed member, resignation or dissociation and fe	
Please return all correspondence concerning this matter t	to:
Sylvie Popov (Contact Berson)	
Making Manicolla (Firm/Company)	
1721 NE 25 th Street	<u>. </u>
Wilton Manors F133	305
For further information concerning this matter, please ca	all:
Name of Contact Person) at (40)	4) 626 8254 ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fil	la Department of State for: ling 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

P.O. Box 6327

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 lin	nited liability company	y as it appears on t	he records of the	Florida Departme	nt
of State is:	sking Ma	orgic	110		
2. The Florida docume	ent/registration numbe	er assigned to this	limited liability co	ompany is:	
L1700	0170941	<u> </u>		ı	
3. The date this memb	er/manager withdrew/	resigned or will w	ithdraw/resign is:	07/28/	2021
		, hereby v		•	
Authoris	zed Mom	sev			
of this limited liabili resignation in writin	ty company and affirn g.	n the limited liabil	ity company has t	peen notified of m	ıy
Mari	Repor			2021	<i>(</i>)
Signature of Disso	ciating Member or Re	esigning Manager		AUG 30	רז
•	\$25.00 (Required) \$30.00 (Optional)		SE P		
			ř	8°. ≥	