L1900000 1653

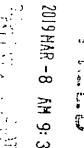
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

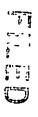
Office Use Only



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COVER LETTER-

SUBJECT: MObile magic Detailing LC.
(Name of United Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Roberto Palon (Contact Person)
Mobile Magic Detailing LC
3340 Palumino DR #214
Davie, Fl 33004 (City/State and Zip Code)
For further information concerning this matter, please call:
Roberto Polon at (754) 221 6017 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations

TO:

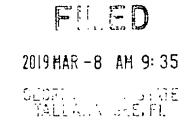
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: MObile Magic Detailing UC.
2. The Florida document/registration number assigned to this limited liability company is:
<u>11900001653</u> 3/1/2019
3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 12019
21/900001053 3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 12019 4. I. The Accepted Accep
AMBR (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in yriting.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)