

# L20000204062

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: phil@magnifythesolution.com

**LLC REGISTERED AGENT RESIGNATION  
MAGNIFY THE SOLUTION, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

**K. SALY**

**AUG 26 2024**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Magnify The Solution, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L20000204062

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phil R. Powis

Name of Person

Magnify The Solution, LLC

Name of Firm/Company

2850 34TH STREET NORTH

Address

#334

City/State and Zip Code

SAINT PETERSBURG, FL 33713

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phil R. Powis

617

259-7376

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

FL PATEL LAW PLLC

, hereby resigns as

Name of Registered Agent

Registered Agent for Magnify The Solution, LLC

Name of Limited Liability Company

L20000204062

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Jeanne Carfagno

Typed or Printed Name

Operations Manager

Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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