

L21000051081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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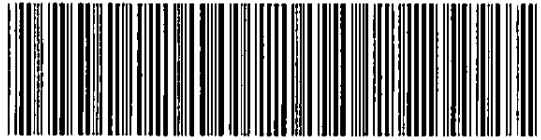
(Business Entity Name)

(Document Number)

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09/24/14--C10-G-FILE ***

2014 SEP 24 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALMEIRA MAGNOLIA LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000051081

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:

Karim Ismail

Name of Person

BlueprintPal Inc;

Name of Firm/Company

99 Harbour Square, Suite 2207

Address

Toronto, ON M5J 2H2

City/State and Zip Code

karim@blueprintpal.com

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

For further information concerning this matter, please call:

Karim Ismail

at (407) 990-2880
Area Code Daytime Telephone Number

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

2024 SEP 24 PM 9:34
SECRET
TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Seema Kara _____, hereby resigns as

Name of Registered Agent

Registered Agent for Palmeira Magnolia LLC

Name of Limited Liability Company


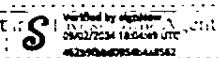
L21000051081

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

If signing on behalf of an entity:

Seema Kara

Typed or Printed Name

MCA

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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SECRETARY OF STATE
TALLAHASSEE, FL