La1000a43387

(Re	equestor'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:				

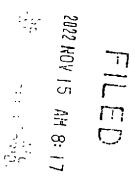
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	MAGPIE TINGS LLC	
	Name of Limited Liabilit	y Company
DOC	UMENT NUMBER: L21000243387	
The e for fil	nclosed Resignation of Registered Agent for a Limite ing.	d Liability Company and fee are submitted
Please	e return all correspondence concerning this matter to	the following:
Chelse	a Chapman	
	Name of Person	_
Legali	nc Corporate Services, INC.	
	Name of Firm/Company	_
10601	Clarence Dr Ste 250	
	Address	_
Frisco	TX 75033-3867	
	City/State and Zip Code	_
ra@le	galine.com	
F	-mail address: (to be used for future annual report notification)	_
For fu	orther information concerning this matter, please call:	
Chelse	a Chapman 844 at (386-0178
	Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

1 1 6 . 6	sions of section 605.0115, Florida Statutes	Ţ	
Legaline Corporate Se		, hereby resigns as	
	Name of Registered Agent		
Registered Agent for	MAGPIE TINGS LLC		
0 -			
	Name of Limited Liability Compa	ny ·	
L21000243387			
	t Number, if known		
		d liability company at its last known address.	
The agency is termin	ated and the office discontinued on the 31st	st day after the date on which this statement is filed	
If signing on behalf of	of an entity:	1	
	Chelsea Chapman		
	Typed or Printed Name		
	• •		
	On Behalf of Legaline Corporate Service		

O \$ 25.00

Active limited liability company 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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