Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000247795 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

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

Email Address:

LLC REGISTERED AGENT RESIGNATION GATHERING MORE MAGIC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H25000247795 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the	undersigned.	
Dean Mead Services, I	.l.C	, hereby resigns as	
	Name of Registered Agent	Vilcieny (edigini iii	
Registered Agent for			<u> </u>
Gathering More Magic	, LLC		
	Name of Limited Liability Company		<u> </u>
L22000070435			
Document	Number, it known		
	ation was mailed to the above listed limited liab		
The agency is termine	Dean Mead Services, LLC	arter the date on which this statement	is thea.
	By		_
	Signature of Resigning Ap	gent P C)))
If signing on behalf of an entity:			9095 1111 2
	Christopher R. D'Amico, Esq.		<u> </u>
	Typed or Printed Name		
	Vice President of Sole Member		Ĩ ;
	Capacity		
		am 🔾	٥

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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (2/14)