L2300029211

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





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THE EL

COVER LETTER

SUBJECT: MagicStayz LLC	
Name of Limited Liability	Company
DOCUMENT NUMBER: L23000292217	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	e following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
raresignations@legalzoom.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
800 at (773-0888
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO: Registration Section Division of Corporations

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 605.011	15, Florida Statutes, the un	dersigned,		
United States Corpora	ation Agents, I	nc.	, hereby resigns as		
No	ame of Registered Ago	ent			
Registered Agent for Mag	icStayz LLC				
	Namy of Lin	nited Liability Company			,
	Name of Lin	nited Elability Company			
L23000292217					
Document Numb	er, if known				
A copy of this resignation v	was mailed to the	above listed limited liabili	ty company at its last	known addre	ess.
The agency is terminated a	nd the office disco	ontinued on the 31st day af	ter the date on which	this statemer	nt is filed.
		Tik Treetlein			
- -		Signature of Resigning Agen	t		
If signing on behalf of an er	ntity:				
E	rik Treutlein			TÄLLAHASS	1
_		yped or Printed Name		ZOZ4 JUN ZI	<u> </u>
Vi	ice President for U	Inited States Corporation A	gents, Inc.	AAS N	
	<u>-</u>	Capacity		<u> </u>	gyq
					T
				STATE LORID	<u> </u>
	<u>FILING</u> \$ 85.00	FEES: Active limited liability	company		D
	\$ 25.00	Administratively dissol withdrawn limited liab	ved/ voluntarily disse	olved/	