

11080000000776

(Requestor'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:

Office Use Only



000250958860

09/10/13--01007--001 **245.00

FILED

2013 SEP 10 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAGNA CONSULT LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GERARDO GUARINO

(Contact Person)

(Firm/Company)

8333 NW 53RD ST. # 107

(Address)

MIA- FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

GERARDO GUARINO at (305) 3017685
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

FILED
2013 SEP 10 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

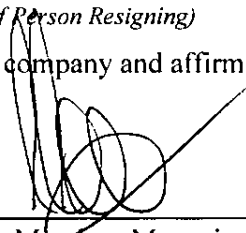
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MAGNA CONSULT LLC.

2. This limited liability company was organized under the laws of:
DELAWARE.

3. The Florida document/registration number of this limited liability company is:
M08000000776.

4. I, GERARDO GUARINO, hereby resign as a MANAGING MEMBER (MGRM)
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2013 SEP 10 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA