M18000006133

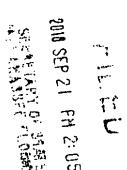
(Requestor's Name)	****			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status _				
Special Instructions to Filing Officer:				

Office Use Only



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M. MILLIGAN SEP 2 6 2018



September 10, 2018

MAGNUM PROPERTIES LLC ATTN: MARIA GABRIELA CASTANEDA 10225 MEADOW BROOK DR WINTER GARDEN, FL 34787

SUBJECT: AUGMENTA PROPERTIES, LLC

Ref. Number: M18000006133

We have received your document for AUGMENTA PROPERTIES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

RECEIVED

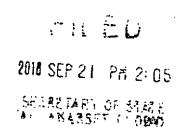
Letter Number: 518A00018676

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Augmenta Properties, LLC		. "
	(Name of Lii	mited Liability Cor	mpany)
The er	nclosed member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
Maria	a Gabriela Castaneda		
	(Contact Person)		_
Magr	num Properties, LLC dba Augment	a Properties, l	L
	(Firm/Company)		_
1022	5 Meadow Brook Dr		_
	(Address)		
Winte	er Garden, FL 34787		
	(City/State and Zip Code)		_
For fu	orther information concerning this mat	ter, please call:	
Gabr	iela Castaneda	702 at (722-1304 _)_
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section ion of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
2661 1	Executive Center Circle nassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	ment/registration number assignment/registration number assign	ned to this limited liability company is:
M180000061	-	ned to this infined indomly company to.
3. The date this m	ember/manager withdrew/resigno	ed or will withdraw/resign is:
Christine Va	llencia	_, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
Managing Me	ember	
	(Print Title)	
of this limited lia resignation in w	- ·	mited liability company has been notified of my
	EC).	
Signature of D	bissociating Member or Resigning	g Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	