

M24 000003908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

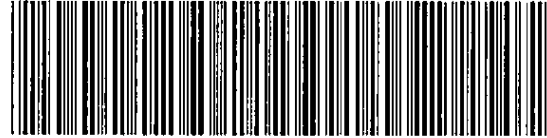
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL 17 AM 8:07

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnetar Services LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Jeffrey Cohen

(Contact Person)

Magnetar Services LLC

(Firm/Company)

12841 Vickers Lake Ct

(Address)

Jacksonville, FL 32224

(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Cohen

at (904) 581-5603

(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

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 JUL 17 AM 8:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

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

2. The Florida document/registration number assigned to this limited liability company is:
M24000003908

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 13, 2024

4. I, Rebecca Geismar Cohen, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member
(Print Title)

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

R Cohen
Signature of Dissociating Member or Resigning Manager

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