P03000024676

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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AND ASSEE FI CORD.

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COVER LETTER

TO: Amendment Section Division of Corporation	ons			
SUBJECT: BLUE	E MAGIC MOTORS	INC		
	(Name of	Corporation:		
DOCUMENT NUMBER:_	P03000024676			
The enclosed Resignation of I	Registered Agent for	a Corporatio	on and fee are submitted for fil	ing.
Please return all corresponder	nce concerning this m	atter to the i	following:	
LINDA WIESENTI	-IAL			
(Name o	of Person)		. .	
BLUE MAGIC MO	TORS INC			
(Name of Fi	rm/Company)	 -		
3052 SHADER RE). STE 4			
(Ad	dress)		·· •	
ORLANDO, FL 32	2808			
(City/State a	and Zip Code)		-	
For further information conce	ming this matter, plea	ase call:		
LINDA WIESENTHAL	at (291-4191	
(Name of Perso	n) (<i>F</i>	trea Code &	Daytime Telephone Number)	
Enclosed is a check made pay or \$35.00 for an administrativ	able to the Florida De	epartment of arily dissolv	State for \$87.50 for an active ed or withdrawn corporation.	corporation

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned,LII	NDA WIESENTHAL (Name of Registered Agent)	****
hereby resigns as Registered Agent for	BLUE MAGIC MOTORS INC	
	(Name of Corporation)	
P03000024676		
(Document Number, if known)		
A copy of this resignation was mailed to	to the above listed corporation at its last kr	nown address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the dat	te on which
Lend	Wesenthal	
(S)	gnature of Resigning Agent)	
If signing on behalf of an entity:		 4
		SE OF
		AFF E
	(Typed or Printed Name)	FEB 23 CRETAR LAHASS
		<u>m</u> ≺ <u>*</u>
	(Capacity)	STATE C
		ADE ADE

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314