P03000075768

(Requestor's Name)
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COVER LETTER

	sion of Corporations			
SUBJECT:	MAGAN ENTERPR	ISES, INC.		
	(Name of Corporation)			
DOCUMEN	T NUMBER:P030	000075768		
The enclosed	d Officer/Director Resig	gnation for a Corporation	and fee are submitted for filing	
Please return	all correspondence con	ncerning this matter to th	e following:	
MICHELE	MAGAN			
***	(Name of Pers	on)		
MAGAN E	NTERPRISES, INC.			
	(Name of Firm/Co	mpany)		
719 W MA	IN STREET			
	(Address)			
LEESBUR	G, FL 34748			
	(City/State and Zip	Code)		
For further in	nformation concerning	this matter, please call:		
MICHELE I	MAGAN	at (352 ·	365-0017	
	(Name of Person)	(Area Code	365-0017 & Daytime Telephone Number)	
Enclosed is a	check for \$35.00 made	e payable to the Florida I	Department of State.	
Street Address Amendment Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ive Center Circle	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	าร	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JUNE LORAH	, hereby resign as CFO		
7 —	(Title)		
of MAGAN ENTERPRISES, INC	C .		
(Nam	e of Corporation)		
P03000075768	_, a corporation organized under the laws of the State of		
(Document Number, if known)	, a corporation organized under the laws of the olate of		
FLORIDA			

(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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