

P130000064515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

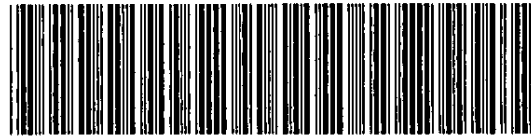
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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APR 21 2017

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: T. S. MAGIC Enterprise, INC  
(Name of Corporation)

DOCUMENT NUMBER: P13000064515

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE LARSON

(Name of Person)

LARSON ACCOUNTING

(Name of Firm/Company)

1901 KINGSPRING PKWY STE 17

(Address)

ORLANDO, FL 32819

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINE LARSON

(Name of Person)

at (407) 370-6886

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIALUIZA DA SILVA TASSITANO, hereby resign as DIRECTOR  
(Title)

of T S. MAGIC ENTERPRISE, INC  
(Name of Corporation)

P13000064515, a corporation organized under the laws of the State of  
(Document Number, if known)

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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
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