# P18000094453

(Requestor's Name)	
(Address)	80036
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07/07/2:
(Document Number)	
Certified Copies Certificates of Status	·~
Special Instructions to Filing Officer:	

Office Use Only



800369517318

07/07/21--01036--027 \*\*35.00

07/29/2021 JH



### TRANSMITTAL LETTER

(Name of Corporation)	
SUBJECT: MAGI INTERNATIONAL COLF (Name of Corporation)  DOCUMENT NUMBER: \$\int 18000 9445 3\$	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing	Ŕ.
Please return all correspondence concerning this matter to the following:	
MATIAS MONASTIRSKY (Name of Person)	
MMM MANAGGIENT WEW UC  (Name of Firm/Company)	
323 5 ZIN AVENUE SEC (Address)	
Hory wood Posein 33020 (City/State and Zip Code)	
For further information concerning this matter, please call:	
MATIAS MONASTIRSO at (354) 505 - 3219 (Name of Person) at (354) So5 - 3219 (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

Amendment Section Division of Corporations

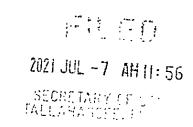
TO:

Tallahassee, FL 32314

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



TW MANAGEMENT V.	EMUE 14 hereby resign as DIRECTOR (Title)
MAGI INTER	ne of Corporation)
200 - 2000-2	, a corporation organized under the laws of the State of
Edin	<del></del> -
	(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