P11000031567

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
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CORPORATIONS OF STATE OF STATE

COVER LETTER

SUBJECT: Resignation of Director (Name of Corporation) P11000031567 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Rosse-Marks (Name of Person) Mystical Visions Inc (Name of Firm/Company) 52 Riley Rd, #422 (Address) Celebration, FL 34747 (City/State and Zip Code) For further information concerning this matter, please call: Paula Holman (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section

Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

CR2E044(08/05)

Street Address:

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Syble Wind	, hereby resign as Director	
"	(Title)	
of Mystical Visions Inc		
	ne of Corporation)	
P11000031567	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
		

(Signature of resigning officer/director

DIVISION OF CORPORATIONS
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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