

P11000031567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

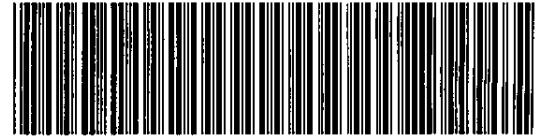
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

off. Resign.

TBrown 7-14-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Director

(Name of Corporation)

DOCUMENT NUMBER: P11000031567

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 at (407) 460-0793

(Name of Person) (Area Code & Daytime Telephone Number)

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

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

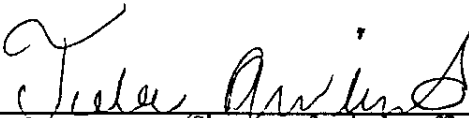
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2011 JUL 14 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Julie Wind, hereby resign as Director (Title)

of Mystical Visions Inc,
(Name of Corporation)

P11000031567, 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