

NO10000005429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

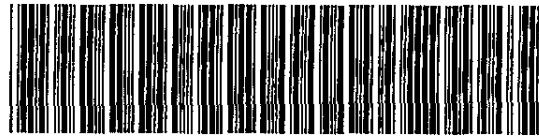
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100057459961

FILED
05 JUL 22 AM 9:20
SECURE PART OF STATE
TALLAHASSEE, FLORIDA

07/22/05--01047--011 **35.00

Ps 7/25/05
old les.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Majicity Foundation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: NO1000005429

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

Please return all correspondence concerning this matter to the following:

Victoria Siplin
(Name of Person)

Majicity Foundation, Inc.
(Name of Firm/Company)

1436 N. Pine Hills Rd.
(Address)

Orlando, FL 32808
(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria Siplin at (407) 481-0078
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

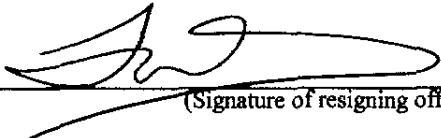
FILED
05 JUL 22 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Tina Wells, hereby resign as Board member
(Title)

of Majicity Foundation, Inc.
(Name of Corporation)

NO1000005429, 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