

P04000103778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

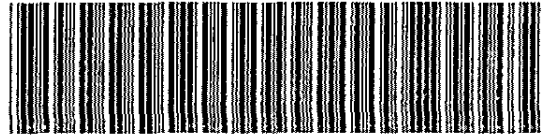
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/28/05--01040--025 \*\*87.50

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MIRROR MIRROR CORP.  
(Name of Corporation)

**DOCUMENT NUMBER:** P 04000 103778

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBORAH SPRINGBORN  
(Name of Person)

MIRROR MIRROR CORP  
(Name of Firm/Company)

7110 9th AVENUE NORTH  
(Address)

ST. PETERSBURG FL 33716  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH SPRINGBORN at (813) 956 0965  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
05 JAN 28 PM 12:18

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, DEBORAH SPRINGBORN  
(Name of Registered Agent)

hereby resigns as Registered Agent for MIRROR MIRROR CORPORATION  
(Name of Corporation)

P04000103778  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

Deborah Springborn  
(Signature of Resigning Agent)

If signing on behalf of an entity:

MIRROR MIRROR CORP  
(Typed or Printed Name)

PRES.  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314