

P06000104376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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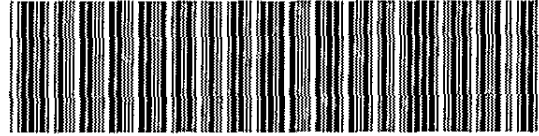
(Business Entity Name)

(Document Number)

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*Resignation
to
officer*

03/12/07--01045--018 **35.00

FILED
2007 MAR 12 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*for
3/14/07*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF DIRECTOR

(Name of Corporation)

DOCUMENT NUMBER: PO6000104376

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

Please return all correspondence concerning this matter to the following:

MARIA M LEGARDA

(Name of Person)

(Name of Firm/Company)

275 E CENTRAL PAWY # 818

(Address)

ALTAMONTE SPRNGS FL 32701

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA M LEGARDA

(Name of Person)

at (321) 279-2848

(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

2007 MAR 12 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, MARIA M LEGARDA, hereby resign as VICE PRESIDENT
(Title)

of W M MAGIC FLOORS CORP
(Name of Corporation)

PO6000104376, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

MARIA M LEGARDA
(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