

PD80000098409

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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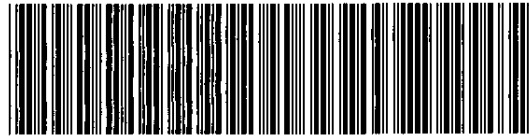
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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@ 10/5/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAGIK/JORMEL CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000098409

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

Please return all correspondence concerning this matter to the following:

SARAH LANTZ

(Name of Person)

MAGIK/JORMEL CORP

(Name of Firm/Company)

18000 NW 2 CT

(Address)

MIAMI, FLORIDA 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

SARAH LANTZ

(Name of Person)

at ( 786 ) 419-1825

(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

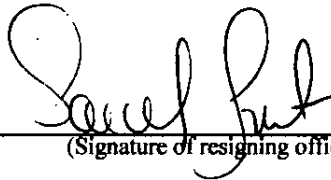
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SARAH LANTZ, hereby resign as VICE-PRESIDENT  
(Title)

of MAGIK FORMEL CORP  
(Name of Corporation)

P08000098409, 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

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DIVISION OF CORPORATIONS  
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