## P09000011624

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
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PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	· (Audiess)		
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)		
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL		
(Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	(Pusings Entity Name)		
Certified Copies Certificates of Status	(business Entity Name)		
Certified Copies Certificates of Status			
	(Document Number)		
Special Instructions to Filing Officer:	Certified Copies Certificates of Status		
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Victor's Revelation, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P09000011624
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael Lustigman - CEO
(Name of Person)
Victor's Revelation, Inc.
(Name of Firm/Company)
4027 194th Trail
(Address)
Sunny Isles Beach, FL 33160
(City/State and Zip Code)
For further information concerning this matter, please call:
Michael Lustigman, CEO  (Name of Person)  at ( 305 ) 299-0903  (Area Code & Daytime Telephone Number)
(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

DIVISION OF CORPORATIONS

09 FEB 23 AM ID: 07

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ronny Lustigman	, hereby resign as President
.,	(Title)
of Victor's Revelation, Inc.	
(Name of Cor	poration)
P09000011624	orporation organized under the laws of the State of
(Document Number, if known)	orporation organization and a market market and or
Florida	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314