

P09000043811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

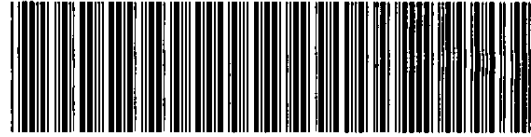
(Business Entity Name)

(Document Number)

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2010 SEP -7 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB

SEP 13 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miracle Resort International Health Spa, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** PO90000 43811

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

Please return all correspondence concerning this matter to the following:

Mira Matchin  
(Name of Person)

Miracle Resort International Health Spa, Inc.  
(Name of Firm/Company)

5400 Biscayne Dr., Suite A  
(Address)

North Port, FL 34287  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mira Matchin at (941) 421-6230  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

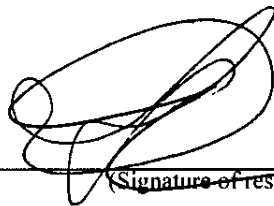
**FILED**  
2010 SEP -7 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Alex Supishchev, hereby resign as Vice President  
(Title)

of Miracle Resort International Health Spa, Inc.  
(Name of Corporation)

P09000043811, 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