

P09000043811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

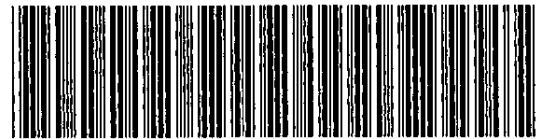
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
12 AUG - 1 PM 2:52

OD/Res
@ 8/2/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miracle Resort International Health Spa inc
(Name of Corporation)

DOCUMENT NUMBER: P09000043811

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

Please return all correspondence concerning this matter to the following:

Robert Briggs

(Name of Person)

Robert Briggs P.O.

(Name of Firm/Company)

5400 Priscayne dr #1

(Address)

North Port FL 34287

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Briggs

(Name of Person)

at (941) 423-0800

(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, Robert B Briggs, hereby resign as Medical Director
(Title)

of Miracle International Health Spa Inc
(Name of Corporation)

809000043811, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Robert B Briggs
(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
SECRETARY OF STATE