

P10000021749

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

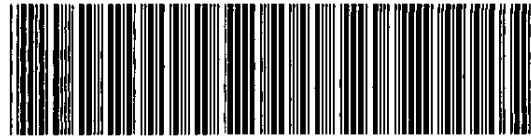
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500190733575

01/13/11--01021--028 \*\*35.00

*Off Law Rep*

FILED  
11 JAN 13 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Th 1-14-11*

January 10, 2011

To whom it may Concern:

Enclosed is my paperwork to be taken off as Partnership and all legal reasonability from Magical Moments Photography, Inc. The Main Owners are Denise Hardin and Frank Guida. The address that I used is the Business address it is not my physical address. If you need to send me any additional information please use the address below.

Thank You.

Sincerely,

Mary Joan Wright

My address is the following:

**11201 Heathrow Ave.**

**Spring Hill, FL 34609**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Magical Moments Photography, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** Do Not Know

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

Please return all correspondence concerning this matter to the following:

Mary Joan Wright  
(Name of Person)

Magical Moments Photography, Inc.  
(Name of Firm/Company)

3702 Carrollwood PL Circle Apt# 101  
(Address)

Tampa, FL 33624  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Joan Wright at ( 352 ) 410-0850  
(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**  
11 JAN 13 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Mary Joan Wright, hereby resign as Partnership /Part Owner  
(Title)

of Magical Moments Photography, Inc.  
(Name of Corporation)

Unknown, 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