PI1000031567

(Requestor's Name)			
(Address)			
,			
(444)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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off. Resign.
Thrown 7-14-11

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Resignation of Direct	or
SOBBLE I.	(Name of Corporation)
DOCUMENT NUMBER: P1100	00031567
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
Mary Rosse-Marks	
(Name of Perso	n)
Mystical Visions Inc	
(Name of Firm/Con	npany)
52 Riley Rd, #422	
(Address)	
Celebration, FL 34747	
(City/State and Zip	Code)
For further information concerning th	nis matter, please call:
Paula Holman	at (407) 460-0793 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TALLAHASSEE OF STATE

I,	Rose Rosse-Marks	, hereby resign as Director	•	
′•		(Title)	•	
of	Mystical Visions Inc	•		
•	(1	Name of Corporation)		
P11000031567		, a corporation organized under the laws of the State of		
	(Document Number, if known)	, a corporation organized under the laws of the State of		
F	lorida			
	1000			

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