

P95000061813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

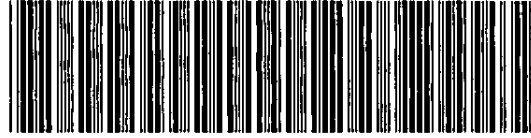
(Business Entity Name)

(Document Number)

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01/11/16--01014--003 \*\*35.00

16 JAN 11 AM 8:45  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JAN 13 2016

C LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Miracle Movers Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000061813

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

Please return all correspondence concerning this matter to the following:

Marvin Siegel  
(Name of Person)

Miracle Movers INc  
(Name of Firm/Company)

3151 S.Palm Aire dr unit 307  
(Address)

Pompano Beach Fl 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marvin Siegel at ( 954 ) 591 0052  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 JAN 11 AM 8:45

I, Marvin Siegel, hereby resign as Officer  
(Title)

of Miracle Movers Inc  
(Name of Corporation)

P95000061813, 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