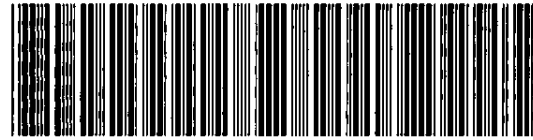


P10000044421



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EXAMINER

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TO: Amendment Section
Division of Corporations

SUBJECT: EXPERIENCE MIAMI, CORP.
(Name of Corporation)

DOCUMENT NUMBER: P10000044421

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JAVIER GARCIA
(Name of Person)

EXPERIENCE MIAMI, CORP.
(Name of Firm/Company)

1055 W 29TH STREET, 2ND FLOOR # 1
(Address)

HIALEAH, FL 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

LILIANA TRUJILLO at (786) 306-0933
(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**

I, JAVIER GARCIA, hereby resign as PRESIDENT
(Title)

of EXPERIENCE MIAMI, CORP.,
(Name of Corporation)

P10000044421, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

+ JGK
(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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