

L02000029999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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11/18/05*

GRAY ROBINSON
ATTORNEYS AT LAW

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301 SOUTH BRONOUGH ST. (32301)
POST OFFICE BOX 11189
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gray-robinson.com

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November 18, 2005

Via Hand Delivery

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

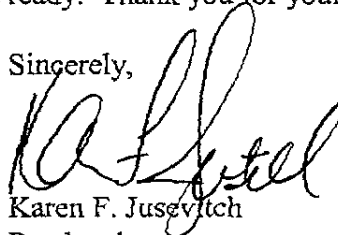
Dear Sir or Madam:

Enclosed for filing, please find a **RESIGNATION OF REGISTERED AGENT**, along with a check in the amount of **\$85.00** for the applicable filing fee for the following entity:

EXPERIENCE INTERNATIONAL, LLC
Document No. L02000029999

Upon receipt, please date-stamp the copy of the letter provided. When the document has been filed, please **CONFORM/STAMP the copy of the document that I have provided, and call me at 577-9090** when the stamped document is ready. Thank you for your assistance.

Sincerely,



Karen F. Juszytch
Paralegal

/kfj
Enclosures

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Michael E. Neukamm

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Experience International, LLC

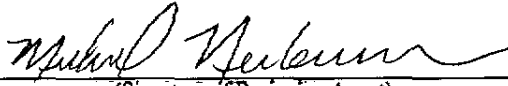
(Name of Limited Liability Company)

L02000029999

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA