

P10000044421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

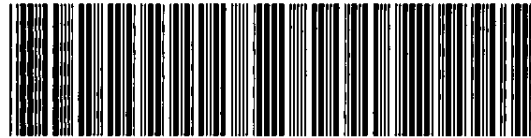
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DIVISION OF CORPORATIONS

*C. Coulliette*  
C.COULLIETTE

MAR 01 2011

EXAMINER

## COVER LETTER

**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

(Name of Person)

at ( 786 ) 306-0933

(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

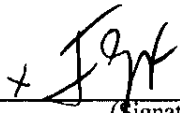
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

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.

  
(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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