

P1000000 94109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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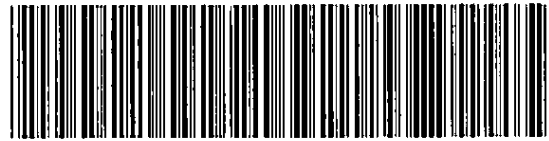
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DESTINATION MANAGEMENT CONSULTANTS
OF MIAMI (Name of Corporation)

DOCUMENT NUMBER: P10000094109

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

Please return all correspondence concerning this matter to the following:

MERCEDES COSTA
(Name of Person)

DESTINATION MANAGEMENT CONSULTANTS OF MIAMI
(Name of Firm/Company)

1860 SW 12 STREET
(Address)

MIAMI, FLORIDA 33135
(City/State and Zip Code)

For further information concerning this matter, please call:

LAURA VALDIVIA at (305) 316.3450
(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:

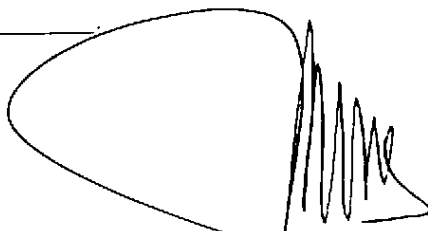
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MERCEDES COSTA, hereby resign as TREASURER
(Title)

of DESTINATION MANAGEMENT CONSULTANTS OF Miami,
(Name of Corporation) Incorporated
P10000094109, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: