P11000009615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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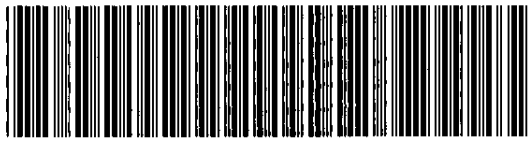

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11 MAY 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/2/11
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: XPERION INC
(Name of Corporation)

DOCUMENT NUMBER: P11000009615

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

Please return all correspondence concerning this matter to the following:

ABDALLAH MUSTAFA
(Name of Person)

XPERION INC
(Name of Firm/Company)

405 N OCEAN BLVD #1623
(Address)

POMPANO BCH, FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

ABDALLAH MUSTAFA at (786) 402 7173
(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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, ABDALLAH MUSTAFA, hereby resign as VICE PRESIDENT
(Title)

of XPERION INC.
(Name of Corporation)

P11000009615, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

(Signature of resigning officer/director)

11 MAY 27 AM 9:19

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