

F 05000005842

James K. Walker  
(Requestor's Name)

(Address)

3014 NE 21 Way  
(Address)

Gainesville, FL  
(City/State/Zip/Phone #)

32609

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/26/06--01008--016 \*\*52.50

10/19/06--01004--004 \*\*70.00

RA Resign

FILED  
06 OCT 26 AM 9:19  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts OCT 30 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2006

JAMES K. WALKER  
MAXXVISION, INC.  
3014 NE 21 WAY  
GAINESVILLE, FL 32609

SUBJECT: MAXXVISION, INC.  
Ref. Number: F05000005842

We have received your document for MAXXVISION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Document Specialist

Letter Number: 006A00062509

RECEIVED  
OCT 26 AM 8:00  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
06 OCT 26 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, James K Walker  
(Name of Registered Agent)

hereby resigns as Registered Agent for MAXX Vision, Inc.  
(Name of Corporation)

F05000005842  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation 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.

James K. Walker  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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