

F13569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

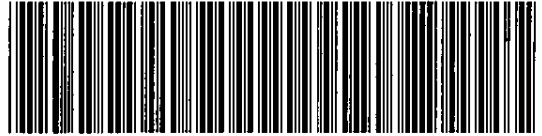
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2-18-10



**Anton Maix Fabrics**

Anton Maix Fabrics  
222 Lakeview Ave., Suite 160  
West Palm Beach, Florida 33401  
P: (646) 416-6332  
C: (646) 734-8485

February 10, 2010

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find the following documents:

1. Articles of Revocation of Dissolution for Anton Maix Fabrics Inc. (a Florida Corp.)
2. A form to convert Blackbird Associates LLC (a New York LLC) into Anton Maix Fabrics LLC (a Florida LLC)
3. Agreement of Trade name to transfer the rights, title and interest in the trade name of "Anton Maix Fabrics" from Anton Maix Fabrics, Inc. (Patricia A. Maix, President) to Blackbird Associates LLC (Duncan M. Thomas, Managing Partner).

Following the dissolution of Anton Maix Fabrics Inc., please process and approve the conversion of Blackbird Associates LLC into Anton Maix Fabrics LLC.

Please call Duncan Thomas at (646) 416-6332 with any questions.

Sincerely,

Patricia A. Maix  
President  
Anton Maix Fabrics, Inc.

Duncan M. Thomas  
Managing Partner  
Blackbird Associates LLC

**ASSIGNMENT OF TRADE NAME**

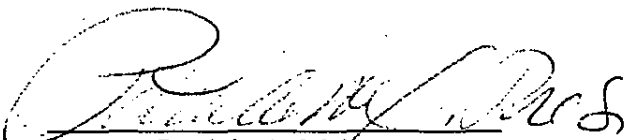
KNOW ALL MEN BY THESE PRESENTS: That Anton Maix Fabrics, Inc. in consideration of the sum of Ten and 00/100 (\$10.00) Dollars sets over unto Blackbird Associates, LLC, a New York limited liability company, all rights, title and interest in and to the TRADE NAME OF:

Anton Maix Fabrics

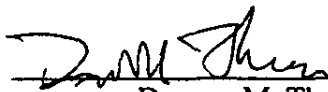
Blackbird Associates, LLC hereby accepts said assignment.

IN WITNESS WHEREOF the said Assignor, Anton Maix Fabrics, Inc. has hereunto set its hand and seal this 1st day of February, 2010.

Anton Maix Fabrics, Inc.

By:   
Name: Patricia A. Maix  
Title: President

Accepted By:  
Blackbird Associates, LLC  
A New York limited liability company

By:   
Name: Duncan M. Thomas  
Title: Managing Partner

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Anton Maix Fabrics, Inc.

**DOCUMENT NUMBER:** Section 607.1403

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia A. Maix, President

(Name of Contact Person)

Anton Maix Fabrics, Inc.

(Firm/Company)

222 Lakeview Ave., Suite 160

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia A. Maix, President

(Name of Contact Person)

at ( 561 ) 371-8417

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Anton Maix Fabrics, Inc.

SECOND: The document number of the corporation (if known): F13569

THIRD: The date dissolution was authorized: 2/10/10

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

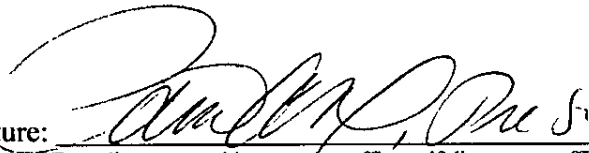
Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval

\_\_\_\_\_  
(voting group)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature:   
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Patricia A. Maix  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**