

L 04000053080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

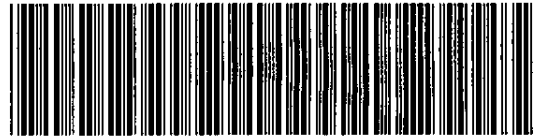
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 19 PM 1:31

R-A. Resign
C. COULLETTE

NOV 23 2010

EXAMINER

LAW OFFICES OF
ERIC M. SAUERBERG, P.A.
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FLORIDA 33410

TEL: (561) 776-0330
FAX: (561) 776-0302

ERIC M. SAUERBERG**
**MASTERS OF LAW IN TAXATION
ERIC@EMSATTORNEYS.COM

M. KRISTA BARTH*
*ADMITTED TO D.C., FLORIDA,
MARYLAND & NEW YORK BARS
KRISTA@EMSATTORNEYS.COM

November 12, 2010

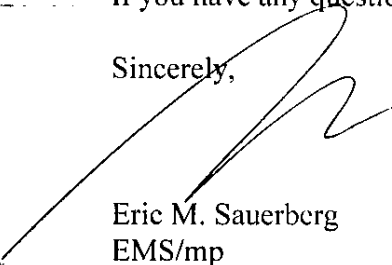
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed Resignation of Registered Agent of Maquam Holdings, LLC along with a check in the amount of \$85 for the filing fees. Please file and return the Articles to my office.

If you have any questions, please do not hesitate to call.

Sincerely,



Eric M. Sauerberg
EMS/mp

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ERIC M. SAUERBERG

Name of Registered Agent

, hereby resigns as

Registered Agent for

MAQUAM HOLDINGS, LLC

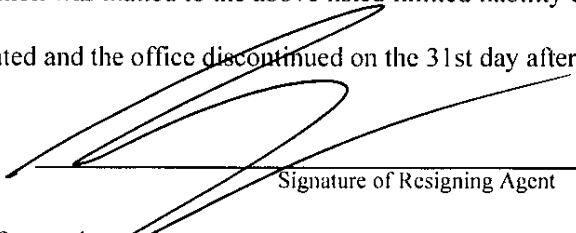
Name of Limited Liability Company

L04000053080

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

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

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