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(Re	equestor's Name)	
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S. HAWKES

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EXAMINER

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TO:

Registration Section

COVER LETTER

SUBJECT: Maxv	vell Business Solutions, LLC
	(Name of Limited Liability Company)
The enclosed Articles	of Dissolution and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
Cha	arles R. Maxwell II
	(Name of Person)
Cha	arles Ray Maxwell II, P.A.
	(Firm/Company)
397	75 S. Orange Blossom Trail, STE 101
	(Address)
Orl	ando, FL 32839
	(City/State and Zip Code)
For further informatio	n concerning this matter, please call:
Charles	R. Maxwell II at (407) 240-2666
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for t	he following amount:
\$25.00 Filing Fee	30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 All of the co

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

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2006 and assigned document number
9
ility company's dissolution pursuant to section error.
d in writing to dissolve the company
liability company have been paid or discharged. bligations and liabilities pursuant to s. 608.4421.
ong its members in accordance with their respective
any court.
tion of any judgment, order or decree which may be
ership interests necessary to approve the dissolution
Printed Name
Charles R. Maxwell II