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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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06 OCT 26 PM 1: OL SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RichMax Marketing, LLC (Name of Lim	ited Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Scott Sander	
(Name of Person)	
Sander & Associates, P.A.	
(Firm/Company)	
18851 NE 29th Ave. Ste. #700	
(Address)	
Aventura, FL 33180	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Scott Sander	at (561) 827-1040
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, A&D Financial Corp.	, hereby resign as MGRM	
	(Title)	
of RichMax Marketing, LLC	,	
(Limited Liability	y Company)	
a limited liability company organized under the law	s of the State of Florida ,	
and affirm that the limited liability company has been notified in writing of the resignation.		
(Signature of resigning manager, m		

FILING FEE IS \$25.00

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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E079 (8/05)