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(Requestor's Name) (Address) (Address)	2023 APR II P 12: 06 SECIL 19: 27 OF STATE TALLAHASSEF FI ASTA 800069714958	
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TO: **Registration Section Division of Corporations**

SFC -	' ² 2: 0{
SECRETARY	La State
	- FLORIDA

SUBJECT: E-MAXIMUM VENTURES, LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

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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:

SALLY A. WALSH

(Name of Person)

E-MAXIMUM VENTURES, LLC

(Firm/Company)

5380 CHEMIN DE VIE

(Address)

ATLANTA, GA. 30342 (City/State and Zip Code)

For further information concerning this matter, please call:

SALLY A. WALSH (Name of Person) at (678) 949-3624 (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

\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FILED

2005 APR LL P 12: 06 SECOLE DATY OF STATE TALLAMASSEN, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, SALLY A. WALSH

hereby resign as MANAGING MEMBER

(Title)

of E-MAXIMUM VENTURES, LLC

(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.

(Signature of resigning manager, managing member or member)

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

CR2E079 (8/05)