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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

_	istration Section ision of Corporations		
SUBJECT		Limited Liability Company ited Liability Company)	
The enclose filing.	ed member, managing member or	manager resignation and fee(s) are s	ubmitted for
Please retur	rn all correspondence concerning	this matter to:	
Kristen .	Jackson		
	(Contact Person)		
The KM	Jackson Law Firm, PA	TĂLI	261 261
	(Firm/Company)	AH	קאר <u>ב</u>
5728 Ma	ajor Blvd, Ste 600	ASSE	ON JAN - OF STATE
	(Address)	المد. الماريّ	ਜ ਹ ਼
Orlando, FL 32819			I: I.
	(City/State and Zip Code)	P	بــ
For further	information concerning this matte	er, please call:	
Kristen .		at (407) 363-9020	
(1	Name of Contact Person)	(Area Code & Daytime Telephone N	Number)
Enclosed pl	ease find a check made payable t \$25 Filing Fee	to the Florida Department of State for \$55 Filing Fee & Certified Copy	: :
Registration Division of Clifton Bui 2661 Execu	Corporations	MAILING ADDREST Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it Max Technologies, Lim	• •		ida Dep	artment
2. This limited liabi	lity company was organized urida ment/registration number of th	nder the laws of: 	SECRETARY OF TALLAHASSEE, F	1:1 d 0/- NY [100]	FILED
4. I, Lee Chow	ame of Person Resigning)	, hereby resign as a	Managir (Prin	ng Me	<u>mbe</u> r
of this limited liab resignation in wri	vility company and affirm the l	imited liability company	y has been	notifie	d of my
Signature of Resignature	gning Member, Managing Mer	nber or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) . \$30.00 (Optional)				