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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Maxwell Acquisitions, LLC (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Andrew E. Pastor Esq. (Contact Person)
Andrew E. Pastor, P.A. (Firm/Company)
11380 Prosperity Farms Rd. #118
Palm Beach Gardens FL 33410 (City/State and Zip Code)
For further information concerning this matter, please call:
Andrew E. Pastor at (501) 624-4900 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin of State is:	nited liability company as it appears on the records of the Florida Department ACQUISITIONS, LLC.
	y company was organized under the laws of:
4	ent/registration number of this limited liability company is:
\sim \sim \sim \sim	h Maxwell, hereby resign as a MGRM (Print Title) ity company and affirm the limited liability company has been notified of my age.
Signature of Resign	ing Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)