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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Maxi's Deli & Grill, LL. C (Name of Limited Liability Company)	-
The enclosed member, managing member or manager resignation and fee(s) are submitted filing.	l foi
Please return all correspondence concerning this matter to:	
Hichelle Moye (Contact Person)	9
Maxis Deli & Grill (Firm/Company)	HAT CO
1469 South Belcher Road. (Address)	,
Clearwater FL 33764 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Gus Kasimos at 727 536-7434 (Name of Contact Person) (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: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



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 limited liability company as it appears on the records of the Florida Department of State is: Maxis Reliable Could, L.C.	
O. DIV	
2. This limited liability company was organized under the laws of: State of Florida 29 Page 1	क्षा ¹ स ज
3. The Florida document/registration number of this limited liability company is:	;
4. I, Gus Kasimos, hereby resign as a Africar Vice Res (Print Name of Person Resigning), hereby resign as a Africar Vice Res	ident
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	~yer
Signature of Resigning Member, Managing Member or Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)