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(Red	questor's Name)			
(Add	dress)	·		
(Add	Iress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
. (Document Number)				
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Certified Copies Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIO

08 12/7

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RADMAX MARKETING, LLC (Name of Limited Liability Company)
(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:
MAKSIM SLYUSARCHUK
(Contact Person)
RADMAX MARKETING, LLC (Firm/Company) 2999 NE 191ST STREET SUITE # 905 (Address)
(Firm/Company)
2999 NE 191ST STREET SUITE # 905
(Address)
AVENTURA, FL 33180
(City/State and Zip Code)
For further information concerning this matter, please call:
MAKSIM SLYUSARCHUK at (786) 443-7499
(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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

	limited liability company as it appears on the records of the Fk.DMAX MARKETING, LLC	orida D	epartr	ment
2. This limited liab STATE OF	ility company was organized under the laws of: FLORIDA	SECRE TAK TALLAHASS	07 DEC -7	
3. The Florida docu <u>L07000014</u>	ment/registration number of this limited liability company is:	Y OF STATE	AM 11: 56	
	SLYUSARCHUK , hereby resign as a MGRM (Program of Person Resigning)	>		
of this limited liab resignation in wri	oility company and affirm the limited liability company has been ting.	n notif	ied of	`my
Signature of Resi	gning Member, Managing Member or Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			