

LO7000034814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

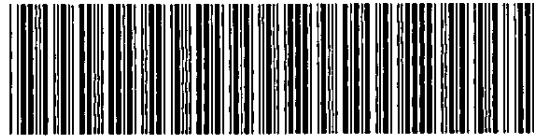
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200180817842

*Resignation  
of RA*

05/20/10--01005--002 \*\$85.00

RECEIVED  
DIVISION OF REGISTRATIONS  
TALLAHASSEE, FLORIDA

10 MAY 20 AM 9:46

RECEIVED

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY 20 PM 1:18

FILED

*ADR  
5/20/10*

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 05/19/2010

REF. #: 000076.125275

CORP. NAME: MAVERICK, THE SOFTWARE COMPANY, LLC

- ARTICLES OF INCORPORATION     ARTICLES OF AMENDMENT     ARTICLES OF DISSOLUTION  
 ANNUAL REPORT     TRADEMARK/SERVICE MARK     FICTITIOUS NAME  
 FOREIGN QUALIFICATION     LIMITED PARTNERSHIP     LIMITED LIABILITY  
 REINSTATEMENT     MERGER     WITHDRAWAL  
 CERTIFICATE OF CANCELLATION  
 OTHER: RESIGNATION OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK# 535004 FOR \$ 85.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- CERTIFIED COPY     CERTIFICATE OF GOOD STANDING     PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CORPDIRECT AGENTS, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for

MAVERICK, THE SOFTWARE COMPANY, LLC

Name of Limited Liability Company

L07000034814

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

MICHELE HOLDEN

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

FILED  
2018 MAY 20 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA