

L07000036437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

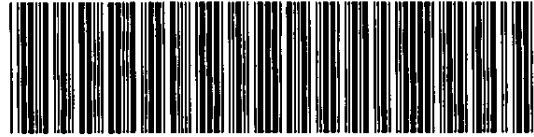
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Max Supply of North America, Inc  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Adrian  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

9440 Affirmed Lane  
(Address)

Boca Raton, Florida 33496  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Bill Adrian at (561) 716-7482  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Max Supply of North America, LLC

2. The Articles of Organization were filed on April 05, 2007 and assigned  
document number L07000036437

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

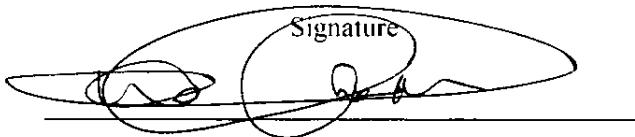
Company dissolved.

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5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:

William Adrian  
9440 Affirmed Lane  
Boca Raton, FL 33496  
561-716-7482

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Signature  


Printed Name

William Adrian

**FILING FEE: \$25.00**