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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GREEN SCHOENFELD & KYLE LLP

Account Number: I2000000177 Phone

: (239)936-7200

Fax Number

: (239)936-7997

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MAXIMUM VENTURES OF SW FLORIDA, LLC

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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	nited liability company as	it appears on the records of	the Florida Department
of State is: Max	imum Ventures of SM Y	lorida, LLC	c
,	y company was organized		07 NON -9
3. The Florida docum L07000885	_	this limited liability compar	AH 8: 25
4. 1, Max H. Weir	nberg e of Person Resigning)	, hereby resign as a M	anager (Print Title)
of this limited liabil resignation in writing		e limited liability company h	nas been notified of my
V	ing Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		