

LO8000657447

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT RESIGNATION
MAXWELL GAVIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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2010 FEB -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
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10 FEB -5 PM 5:10
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAXWELL GAVIN LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L08000057447

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TUNISHA SCOTT
(Name of Person)

INCORPORATING SERVICES, LTD.
(Name of Firm/Company)

3500 S. DUPONT HWY
(Address)

DOVER, DE 19901
(City/State and Zip Code)

For further information concerning this matter, please call:

TUNISHA SCOTT at (302) 531.0855
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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,

INCORPORATING SERVICES, LTD.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for MAXWELL GAVIN LLC

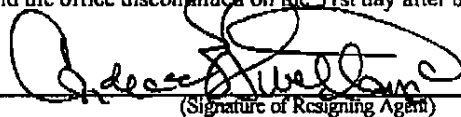
(Name of Limited Liability Company)

L08000057447

(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:

CANDICE B. SWETLAND

(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

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