# 108000091065

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Day A.N I. )
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to thing officer.
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Office Use Only



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FILED

10 MAR 16 PM 2: 19

TLLAHASSEL OF STATE

D. BRUCE

MAR 17 2010

**EXAMINER** 



March 1, 2010

EDWARD LETKO 9 KELSEY FARM ROAD MILFORD, NJ 08848

SUBJECT: MAXIMA HOLDINGS LLC

Ref. Number: L08000091065

We have received your document for MAXIMA HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 410A00004993

10 MAR 16 PH 2: 19

the con-

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT. MAXIMA HOLDINGS, LLC

" (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:

EDWARD LETKO			
	(Name of Person)		<del></del>
EDWARD LETKO L	IVING TRUST		
	(Firm/Company)		
9 KELSEY FARM F	ROAD		******
	(Address)		
MILFORD, NJ 0884	18		10 HAR 16
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)		16 P
For further information concerning this matter,	, please call:		PH 2:
JAMES M MURRAY	at ( 908	832-5273	RID.
(Name of Person)		de & Daytime Telephon	e Number)
Enclosed is a check for the following amount:			
\$25.00 Filing Fee 30.00 Filing Fee Certificate of St		Certifi s enclosed) Certifi	.00 Filing Fee, cate of Status & ed Copy ional 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

2. The Articles of Organization were filed on OFFIFI	MDED 24 2000
2. The Articles of Organization were filed on SEPTEI L08000091065	and assigned document number
3. The date the dissolution was approved:	31/09
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove	liability company's dissolution pursuant to section reletter).
	3-77 B
	\$5. <b>- - - - - - - - - -</b>
5. CHECK ONE:	E o R
✓ All debts, obligations and liabilities of the lim	ited liability company have been paid ordischarged.
-OR-	ots, obligations and liabilities pursuant to \$7608.4421.
<ol> <li>All remaining property and assets have been distribute rights and interests.</li> </ol>	
7. CHECK ONE:	
✓ There are no suits pending against the compan	ny in any court.
-OR-	isfaction of any judgment, order or decree which may be
natures of the members having the same percentage of me	embership interests necessary to approve the dissolution:
	embership interests necessary to approve the dissolution: Printed Name
natures of the members having the same percentage of me	Printed Name
natures of the members having the same percentage of me	Printed Name
natures of the members having the same percentage of me	Printed Name
natures of the members having the same percentage of me	Printed Name
natures of the members having the same percentage of me	