### Florida Department of State

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From:

Account Name

: SMALL BUSINESS RESOURCES USA, INC.

Account Number : I20040000173 Phone

: (407)298-4646

Fax Number

: (407)297-0588

### LLC DISSOLUTION OR WITHDRAWAL AMAX GROUP, LLC

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECTS

AMAX Group, 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:

James K. Duerr, CPA

(Name of Person)

Small Business Resources USA, Inc.

(Firm/Company)

1601 Park Center Dr., Ste. 6A

(Address)

(City/State and Zip Code)

Orlando, FL 32835

James K. Duerr, CPA

For further information concerning this matter, please call:

,407

298-4646

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

o \$25.00 Filing Fee

ρ \$30.00 Filing Fee & Certificate of Status p \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) p \$60.00 Fitting Fee, Certificate of Status & 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

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# FAX AUATT # 130000 92229 3

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is AMAX Group, LLC		
2. The Articles of Organization were filed on Al	oril 28, 2009 and assign	ned document number
3. The date the dissolution was approved: Marc	h 31, 2013	APR APR
4. A description of occurrence that resulted in the 608.441, Florida Statutes, (copy 608.441 on be		rsumit to section
Pursuant to Florida Statute 608.441(	)(c) the Limited Liability Compar	ny is being (
dissolved upon the written consent of	f all of its members.	DATE OR D
OR- OR- Adequate provision has been made fo  6. All remaining property and assets have been drights and interests.  7. CHECK ONE:  There are no suits pending against the OR-		nant to s. 608.4421.  The with their respective
gnatures of the members having the same percents	ige of membership interests necessary to ap	
Signature	Paula Dailer, MGRI	
To form	. Gains a county (1991)	
		<u>_</u>
<del></del>		<del></del>

FILING FEE: \$25.00

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