

L13000121245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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J. SAULSBERRY
EXAMINER

OCT 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAXIMA MULTICARE LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALCIONILDO B PIRES

(Contact Person)

MAXIMA MULTICARE LLC

(Firm/Company)

11202 STOCKWELL CT

(Address)

ORLANDO, FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Alcionildo Pires

(Name of Contact Person)

at (407) 914-8494

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2013 OCT 30 AM 9:46
STATE OF FLORIDA
TALLAHASSEE



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 limited liability company as it appears on the records of the Florida Department of State is: MAXIMA MULTICARE LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L13000121245

4. I, ERIKA PIRES, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Erika Pires

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)