L15000013864

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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SECRETARY OF STATE

JQ 04/30/20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAXWELL'S SITE DEV (Name of Limited Liability)	ELOPMENT, LLC Company)
The enclosed member, resignation or dissociation and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
FRANK VIBBERT (Contact Person)	
MAXWELL'S SITE DEVELOPME (Firm/Company)	int, LLC
105 SANDSPUR RANCH Rd.	
BRANdon, FL. 335// (City/State and Zip Code)	
For further information concerning this matter, please ca	all:
FRANK VIBBERT at (813 (Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid □ \$25 Filing Fee \$55 Fil	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Depa	artment
of State is: MAXWELL'S SITE DEVELOPMENT, LLC	·
2. The Florida document/registration number assigned to this limited liability company is:	
L15000013864	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{7/29}{1}$	1 ₂₀₂₀
4. I, FRANK VI bbERT, hereby withdraw/resign as a (Print Name of Person Resigning)	
AMBR (Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	of my
Anak bullet	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	