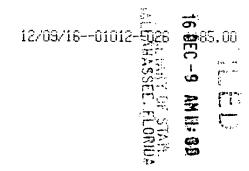
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MAXACH LLC		
	f Limited Liability Company	
DOCUMENT NUMBER: L1600017513	38	
The enclosed Resignation of Registered Ag for filing.	ent for a Limited Liability Company and fee are submitted	
Please return all correspondence concerning	g this matter to the following:	
Name of Person		
REGISTERED AGENTS INC		
Name of Firm/Company		
170 S. LINCOLN, STE 150		
Address		
SPOKANE, WA 99201		
City/State and Zip Code		
info@registeredagentsinc.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this ma	tter, please call:	
Jerome Woodworth	307 200-2803	
Name of Person	at (
Enclosed is a check made payable to the Fliability company or \$25.00 for an administ liability company.	orida Department of State for \$85.00 for an active limited tratively dissolved, voluntarily dissolved or withdrawn limited	
MAILING ADDRESS:	STREET ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ions of section 605.0115, Florida Statutes, the ur	ndersigned,	
REGISTER	RED AGENTS INC	, hereby resigns as	
	Name of Registered Agent	, nerecy resigns as	
Registered Agent for	MAXACH LLC		
	Name of Limited Liability Company	,	
L16000175138	3		
Document	Number, if known		
A copy of this resigna	tion was mailed to the above listed limited liabil	ity company at its last known address.	
The agency is termina	ted and the office discontinued on the 31st day a	5	iled.
If signing on behalf of	an entity:	<u>.∽</u> 6: 1	. "
	BILL HAVRE	SE SE	gefore E
	Typed or Printed Name		pinam.
	SECRETARY	98	Biograph.
	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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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