

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SMART BALNRUK & COMPANY, LLP
Account Number : I20000000291
Phone : (407)847-7466
Fax Number : (407)847-6641

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STATE DIVISION OF CORPORATIONS FLORIDA

LLC REGISTERED AGENT RESIGNATION MAXVERA, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,


Swart Baumruk & Company, LLP, hereby resigns as
Name of Registered Agent

Registered Agent for MaxVera, LLC
Name of Limited Liability Company

L19000018642
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Harry J. Swart, CPA
Typed or Printed Name
Partner
Capacity

2023 FEB 28 PM 1:40

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withdrawn limited liability company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