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Division of Corporations

: (850)617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291 Phone : (407)847-7466

Fax Number : (407)847-6641

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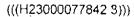
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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

| 1. The name of the li                          | mited liability company as it appears on the records of the Flo           | orida Departi | ment      |
|--|---|---------------|-----------|
| of State is: Max                               | xVera, LLC  | W             | <u></u> . |
| 2. The Florida docum                           | nent/registration number assigned to this limited liability comp          | pany is:      |           |
| L190000186                                     |   |               |           |
| 3. The date this mem                           | ہے۔<br>ber/manager withdrew/resigned or will withdraw/resign is:2         | 2/28/2023     |           |
| 4. I. Swart Baum<br>(Print Nan                 | nruk & Company, LLP , hereby withdraw/resign as a no of Person Resigning) | 下<br>い<br>!   | -<br>r    |
| MGi  | R<br>rim Title)   | H             | ر         |
| of this limited liabil<br>resignation in writi | lity company and affirm the limited liability company has beeng.          |               | ſmy       |
|  | 2-  |               |           |
| Signature of Diss                              | ociating Member or Resigning Manager                                      |               |           |
| Filing Fee:<br>Certified Copy:                 | \$25.00 (Required)<br>\$30.00 (Optional)                                  |               |           |