

L19000035408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

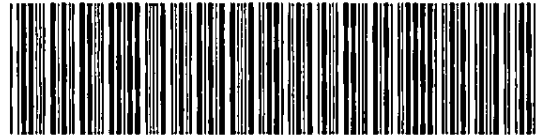
(Business Entity Name)

(Document Number)

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AND  
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2019 FEB 27 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T.S.  
03/05/19

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAX LIQUIDATORS, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNETH R GARRETSON, SR

\_\_\_\_\_  
Name of Person

MAX LIQUIDATORS, LLC

\_\_\_\_\_  
Firm/Company

711 LEE RD

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32225

\_\_\_\_\_  
City/State and Zip Code

INFO@MAXLIQUIDATORS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARNEY J MADISON

904 334-3239  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL 09171

## MAX LIQUIDATORS, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SANDRA S MADISON	4488 BAY HARBOUR DR JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL 32301


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TALLAHASSEE, FL 32399

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated FEBRUARY 23 2019

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

BARNEY J MADISON

Typed or printed name of signee