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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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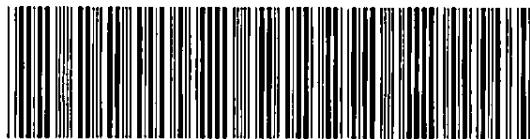
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAX DESIGN HOME GROUP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000286588

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA MACK  
Name of Person  
TAX ACCOUNTING & FINANCIAL SPECIALIST, LLC  
Name of Firm/Company  
2295 S. HIAWASSEE RD, SUITE 407C  
Address  
ORLANDO, FLORIDA  
City/State and Zip Code

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

For further information concerning this matter, please call:

ANGELA MACK at ( 407 ) 710 - 0808  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

TAX ACCOUNTING &amp; FINANCIAL SPECIALIST, LLC

Name of Registered Agent

Registered Agent for MAX DESIGN HOME GROUP, LLC

Name of Limited Liability Company

L19000286588

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.

договорен

Signature of Resigning Agent

If signing on behalf of an entity:

## TAX ACCOUNTING & FINANCIAL SPECIALIST

Typed or Printed Name

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**