

K22 000 195609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

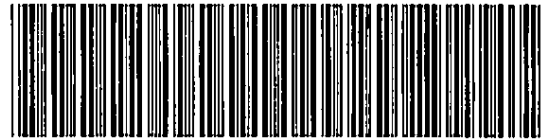
(Business Entity Name)

(Document Number)

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FILING OFFICE
TALLAHASSEE, FLORIDA

OCT 12 2022

S. PRATHEF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Max Marketing Firm LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Viktoriiia Tarakanova

(Contact Person)

Max Marketing Firm LLC

(Firm/Company)

3625 N Country Club Dr, APT 1509

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Viktoriiia Tarakanova 786 431 8311

(Name of Contact Person) at (_____) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee ☒ \$55 Filing Fee & Certified Copy

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



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 limited liability company as it appears on the records of the Florida Department of State is: Max Marketing Firm LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.22000195609

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/05/22

4. I, John Ross A. Webb, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 document verified
07/07/22 12:39 PM EDT
IMYK-VIME-GMIM-0DU9

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)