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SECRETARY OF STATE
ALLAHASSEE, FISHE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Maxim Government Services,	LLC			
SCECET:	n Limited Liability	Company)		
D 0' W 1				
Dear Sir or Madam:		•		
The enclosed withdrawal and fee(s) are submitted for	or filing.			
Please return all correspondence concerning this ma	tter to the following	g:		
•				
Rose A Stepanek				
(Name of Person)		-	Fo.	383
				30.5
Maxim Government Services, LLC			エート	23
(Firm/Company)		-	RY	-
•			E 97 (PH
7227 Lee Deforest Drive			SE	2009 DEC 21 PM 2: 05
(Address)		-	0,5 m	ມາ
Columbia, MD 21046-3236		•		
(City/State and Zip Code)	-	•		
	í			
For further information concerning this matter, please	se call:			
Richard O'Connor	_at (_410	、910-3585		
(Name of Person)		Daytime Telephone Number)		
STREET/COURIER ADDRESS:		LING ADDRESS:		
Registration Section	Registration Section			
Division of Corporations Clifton Building		on of Corporations Box 6327		
2661 Executive Center Circle		assee, Florida 32314		
Tallahassee, Florida 32301	i anai	lassee, Florida 32314		
Enclosed is a check for the following amount:				
✓\$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee &	\$60 Filing Fee,		
	Certified Copy	Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Maxim Government Services, LLC
(Name of limited liability company)
Maryland
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
7227 Lee Deforest Drive (Mailing address) (Mailing address)
SEX -
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Lose a Stepanek
(Signature of member or authorized representative of a member)
Rose A Stepanek
(Typed or printed name of signee)

Filing Fee: \$25.00