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**EXAMINER** 

M08-1437

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Max Program Managers, L.L.C.	
(Namc of Foreign Limited Liability Company)	
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Paul A. Blanco	
(Name of Person)	
Lynch, Gallagher, Lynch, Martineau & Hackett	
(Firm/Company)	2009 SEG TALL
555 N. Main Street	JUN AHAI AHAI
(Address)	ARY SSE
Mt. Pleasant, MI 48858	2009 JUN 15 PM 12: 37 SEGRETARY OF STATE ALLAHASSEE, FLORIDA
(City/State and Zip Code)	ORIGINAL STREET
For further information concerning this matter, please call:	A 7
Paul A. Blanco <sub>at (</sub> 989 <sub>)</sub> 773-99	961
(Name of Person) (Area Code & Daytime Telep	hone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	20214
2661 Executive Center Circle Tallahassee, Florida Tallahassee, Florida 32301	32314
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\$30 Filing Fee \$\$ \$55 Filing Fee \$\$ \$60 Filing Certificate of Status Certified Copy Certified Certified Certified Certified Certified Certified Certified Certified Certified	te of Status &

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

Max Program Managers, L.L.C.	
(Name of limited liability company)	
Michigan	
(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.	
3700 East River Road	
(Mailing address)	
Mt. Pleasant, Michigan 48858	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of member or authorized representative of a member)	'n
(Signature of member or authorized representative of a member)	
John Briggs, Managing Partner	
(Typed or printed name of signee)	

Filing Fee: \$25.00