M0800003705

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PiCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
1060 10				

Office Use Only



800186372338

10/25/10--01050--022 **50.00



S. HAWKES

0CT 2 6 2010

EXAMINER

October 18, 2010

RE: AXIANT, LLC (DE. DOM.)

MAXIMUS MULTIMEDIA INTERNATIONAL LLC (NV. DOM.)

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 check in the amount of \$50.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisi	ions of section 608.416(2) or 608.509, Florid	da Statutes, the undersigned,	50
C T CORPORATION SYSTEM		, hereby resigns as	- FUET 3
	(Name of Registered Agent)	, notody redigite at	٠.
Registered Agent for _	MAXIMUS MULTIMEDIA INTERNAT	IONAL LLC (NV. DOM.)	
	(Name of Limited Liability Company)	, `
M08000003705			
(Document Nu	imber, if known)		
	tion was mailed to the above listed limited li		
The agency is termina	ted and the office discontinued on the 31st of		talement is med.
If signing on behalf of	fan entity:		
	C T CORPORATION SYSTEM - The	resa Alfieri	
	(Typed or Printed Name) ASSISTANT SECRETAI	RY	
	(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\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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