M09000043513

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000220911 3)))

H14000220911 3ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
14 SEP 19 AM 8:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL
MAX-WELLNESS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

FILED
2014 SEP 19 A 9:[illegible]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

B. BOSTICK
SEP 22 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Max-Wellness, LLC
(Name 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:

Jack Zeman
(Name of Person)

Max-Wellness, LLC
(Firm/Company)

4400 Renaissance Parkway, Suite 4
(Address)

Cleveland, OH 44128
(City/State and Zip Code)

For further information concerning this matter, please call:

Jack Zeman at 216 765-2506
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
2014 SEP 19 A 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $30 Filing Fee & Certificate of Status ☐ $55 Filing Fee & Certified Copy ☐ $60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Max-Wellness, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/16/2009

(Date registered with Florida Department of State)

M09000004513

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

JACK R. ZEMAN, C.F.O

(Typed or printed name of signee)

FILED

2014 SEP 14 A [illegible]

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Filing Fee: $25.00