

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS  
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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 |

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B. BOSTICK

SEP 22 2014

Sep 14 12:53p

Max-Ventures LLC

1-440-729-1365

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### 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

(Name of Person)

216

755-2506

(Area Code & Daytime Telephone Number)

#### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
CSCC Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

#### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6349  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
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CLERK OF STATE  
OF FLORIDA

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Max-Ventures LLC

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# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Max-Wellness, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

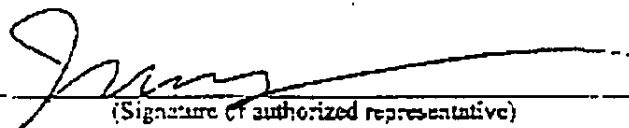
11/16/2009

(Date registered with Florida Department of State)

M099300004513

(Florida Document Number)

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

  
(Signature of authorized representative)  
JACK R. ZEMAN, CFO  
(Typed or printed name of signee)

2014 SEP 19 A 4 30  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00