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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·	
(Ad	dress)		
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(Cit	y/State/Zip/Phone	⇒ #)	
PICK-UP	WAIT	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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COVER LETTER

Division of	1 Section Corporations		
SUBJECT: Ma	xpac, LLC		
		reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corr	respondence concerning this	matter to the following	;
Robyn Ri	udinsky		
	(Name of Person)		-
Maxpac,	LLC		
	(Firm/Company)		-
3265 W.	McNab Road	1	
	(Address)		-
Pompano	Beach, FL 3	33069	
	(City/State and Zip Cod	le)	-
For further informati	on concerning this matter, p	dease call:	
Robyn Ri	udinsky	₃₁ , 561	⁴¹⁹⁻⁹²⁵⁶
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	Regist Divisio P.O. E	ANG ADDRESS: cration Section on of Corporations Box 6327 cassee, 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

Maxpac, LLC	
(Name of limited liability company)	_
Delaware	
(Jurisdiction of its organization)	
06/01/2015	
(Date registered with Florida Department of State)	_
M15000004289	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative) Spencer Malkin	4 1 2 2 2 3 3 3 3
(Typed or printed name of signee)	To see the second

Filing Fee: \$25.00