# P02000071663

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
(City/Glate/Lip/Filone #)
PICK-UP WAIT MAIL
THORSE WALL
(Business Entity Name)
(Document Number)
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SECREIARY OF STATE

Sticar Resignation

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#### TRANSMITTAL LETTER

Division of Corporations
SUBJECT: MAXIMUM (APITAL, IKC. (Name of Corporation)
DOCUMENT NUMBER: POZOOOO 71663
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRYANT D. FRAVEL (Name of Person)
MAXIMUM CAPITAL, INC. (Name of Firm/Company)
11891 US Hay OWE #101
North Palm Brach, FL 334083 (City/State and Zip Code)
For further information concerning this matter, please call:
Thyart Frank at (860) - 490-3217 (Name of Person) (Area Code & Daytime Telephone Number)
,

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

### 'ARMPRIESTER LAW OFFICES

Jacob A. Armpriester

Member: Alabama & Florida Bar

Telephone: (954) 428-5225 Facsimile: (775) 255-1821 jarmpriester@jaalaw.com

December 15, 2004

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Resignation Transmittal Letter

#### Dear Sir/Madam:

Enclosed for filing please find the Officer/Director Resignation of Mr. Bryant Fravel from Maximum Capital, Inc. along with his personal check in the amount of \$35.00 to cover the costs of same.

Should you have any questions, please do not hesitate to contact Mr. Fravel at the telephone number shown on the transmittal letter.

Thank you, in advance, for your anticipated prompt attention to this matter.

Respectfully:

Jacob A. Armpriester

Enclosure

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, BRYANT D. FRACEL, hereby resign as DIDECTOR (Title)	_
of MAXIMUM CAPITAC, INC.	
Pozoooo 7/663, a corporation organized under the laws of the State of (Document Number, if known)	
Florida.	

(Signature of resigning officer/director)

#### FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314