

PD2000071663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

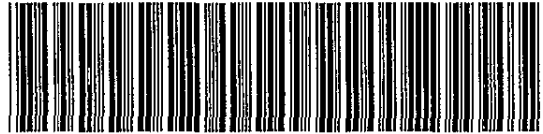
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAXIMUM CAPITAL, INC
(Name of Corporation)

DOCUMENT NUMBER: PO20000 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:

MARK SMITH
(Name of Person)

6796 HORTON CIRCLE
(Name of Firm/Company)
(Address)

LAKE WORTH, FL. 33467
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK SMITH at (561) 964-9797
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

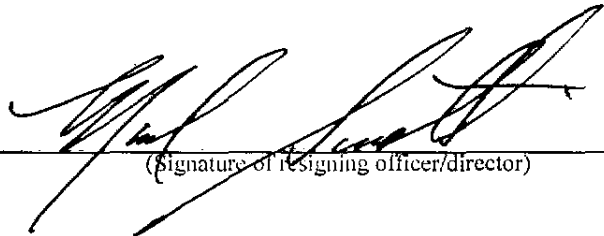
2004 DEC 28 PM 12:19

I, MARK SMITH, hereby resign as DIRECTOR
(Title)

of MAXIMUM CAPITAL, INC.
(Name of Corporation)

PO2000071663, 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