

P02000071663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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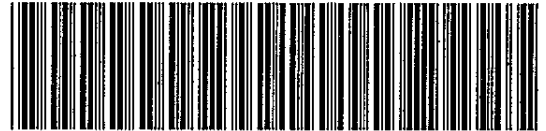
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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✓ O/D Resign.

3/3/05

DC

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAXIMUM CAPITAL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000071663

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM BOLLES

(Name of Person)

MAMIMUM CAPITAL, INC.

(Name of Firm/Company)

11891 U.S. Highway 1, Suite 101,

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

William Bolles

(Name of Person)

at ( 561 ) 472-7744

(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**

I, WILLIAM BOLLES, hereby resign as Director  
(Title)

of MAXIMUM CAPITAL, INC.  
(Name of Corporation)

P02000071663, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

William Bolles  
(Signature of resigning officer/director)

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DIVISION OF CORPORATIONS  
05 FEB 28 AM 11:48

**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