

PO40000073389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

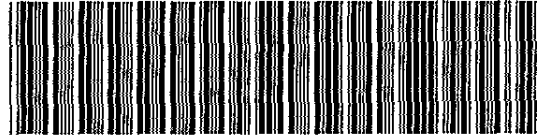
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -3 PM 1:03

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DISS

LAW OFFICES

THOMAS V. SICILIANO, P.A.

980 NORTH FEDERAL HIGHWAY • SUITE 440

BOCA RATON, FLORIDA 33432

THOMAS V. SICILIANO*

MICHAEL A. MALAKOFF

*FLORIDA BAR BOARD CERTIFIED:

TAX LAW

WILLS, TRUSTS AND ESTATES

TELEPHONE (561) 368-6500

FACSIMILE (561) 338-3441

March 29, 2006

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

Re: Max Exchange, Inc.
Document Number: P04000073389

Dear Sirs:

I enclose the following documents for the above-referenced corporation:

1. Cover Letter; and
2. Articles of Dissolution.

I also enclose a check in the amount of \$35.00, representing the filing fee. Please file the Articles of Dissolution as soon as possible.

Thank you for your assistance.

Very truly yours,

Thomas V. Siciliano/sm

Thomas V. Siciliano

TVS/jem
enclosures

cc: Mr. Paul Hrabovsky
(with enclosure)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Max Exchange, Inc.

DOCUMENT NUMBER: P04000073389

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas V. Siciliano

(Name of Contact Person)

Thomas V. Siciliano, P.A.

(Firm/Company)

980 North Federal Highway, Suite 440

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas V. Siciliano

(Name of Contact Person)

at (561) 368-6500

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|---|

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Max Exchange, Inc.

SECOND: The document number of the corporation (if known): P04000073389

THIRD: The date dissolution was authorized: March 21, 2006

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

one hundred percent (100%) of the corporation's shareholders

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Paul Hrabovsky

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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