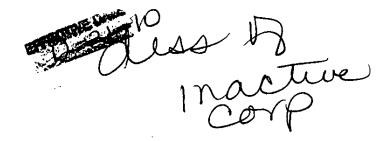
P050000004245

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2010 DEC 20 PM to 38
SECRETARY OF STATE
SECRETARY OF STATE
ORION

12/2/10

COVER LETTER

Division of Corporations			
SUBJECT: MAXIMUM ASSOCIATES, INC.			
DOCUMENT NUMBER: P05000004245			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
BRUCE S. TRULIO			
(Name of Contact Person)			
MAXIMUM ASSOCIATES, INC.			
(Firm/Company)			
2416 LINCOLN STREET			
(Address)			
HOLLYWOOD, FL 33020			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
BRUCE S. TRULIO at (410) 353-4499			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			



FILED

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

SECRETARY OF STATE
TALLAHASSEE. FLORID

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	MAXIMUM ASSOCIATES, INC.
SECOND:	The document number of the corporation (if known): P05000004245
THIRD:	The date dissolution was authorized: 12/15/2010
	Effective date of dissolution <u>if applicable</u> : 12/31/2010 (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 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
	(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 tracted and the second of the
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	BRUCE S. TRULIO
	(Typed or printed name of person signing)
	PSTD
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: MAXIMUM ASSOCIATES, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
DETAILED INDENTIFICATION OF CREDITOR,
DETAILED INVOICE DEFINING THE NATURE OF THE DEBT,
CONTRACT OR OTHER INFORMATION DEFINING THE LEGAL CLAIM.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
BRUCE S. TRULIO
2416 LINCOLN STREET
HOLLYWOOD FL 33020
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
BRUCE S. TRULIO
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00