

P0600005337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

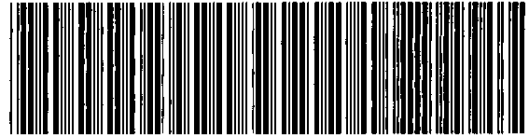
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*[Handwritten signature]*

8811

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROPMAX INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P06000053371

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

Please return all correspondence concerning this matter to the following:

LUIZA SUCHARSKA

(Name of Person)

PROPMAX INC.

(Name of Firm/Company)

1607 VON PHISTER

(Address)

KEY WEST, FL. 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIZA SUCHARSKA

(Name of Person)

at ( 305 ) 879-2990

(Area Code & Daytime Telephone Number)

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

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

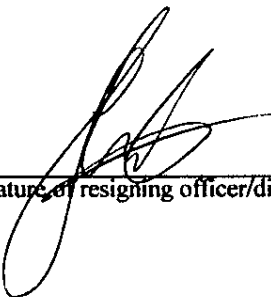
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LUIZA SUCHARSKA, hereby resign as VICE PRESIDENT  
(Title)

of PROPMAX INC.  
(Name of Corporation)

P06000053371, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
2011 AUG -5 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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