P09000040794

(Rec	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(City	//State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special instructions to F	Filing Officer:	
	,	·

Office Use Only



200163533832

12/14/09--01004--006 **192.50

RA Resign



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MAXCON CONSTRUCTION AND RESTORATION INC.
(Name of Corporation)
DOCUMENT NUMBER: P09000040794
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANILO DUENAS
(Name of Person)
MAXCON CONSTRUCTION AND RESTORATION IF
(Name of Firm/Company)
5274 FOUNTAINS DRIVE SOUTH # 201
(Address)
LAKE WORTH, FL 33467
(City/State and Zip Code)
For further information concerning this matter, please call:
DANILO DUENAS at (561) 767-7649 (Name of Person) at (561) 767-7649 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION 09_{DE0}
DEC 14 AM O
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 09 DEC /4 AM 9: 36 Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 64 // 209, 05
Florida Statutes, the undersigned, RENE SUAREZ
(Name of Registered Agent)
hereby resigns as Registered Agent for MAXCON CONSTRUCTION + RESTORATION INC
(Name of Corporation)
P09000040794
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

F11 -

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

(Capacity)