

P18000 094 979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

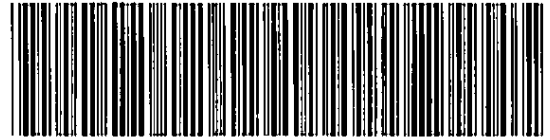
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/20--01024--009 \$35.00

20 APR 23 PM 4:45

1007.3
6/10/2023

TRANSMITTAL LETTER

20 APR 23 14:45
FBI
TALLAHASSEE
FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Max Capital TRust INC

(Name of Corporation)

DOCUMENT NUMBER: P18000094979

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

Please return all correspondence concerning this matter to the following:

Alexander Barhatkov

(Name of Person)

Max Capital TRust INC

(Name of Firm/Company)

115 Spring Cove Trail

(Address)

Altamonte Springs FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

Alexander Barhatkov 321 460-6868

(Name of Person) at (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

20 APR 23 PM 4:15
Filing Section

I, Alexander Bacharka As Trustee
Max Capital TRust, hereby resign as Director
(Title)

of Max Capital TRust INC
(Name of Corporation)

P18000094979, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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