# LOH00089062

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MNMB, LLC, a Flor	rida Limited Liability Company
(Name	of Limited Liability Company)
	·
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Lawrence M. Abramson, Esq.,	Registered Agent
(Name of Person)	
(Firm/Company)	
	·
1860 Forest Hill Blvd., Suite	200
(Address)	·
West Palm Beach, Florida 3340	16
(City/State and Zip Code)	<del></del>
For further information concerning this n	natter, please call:
Lawrence M. Abramson	at ( 561 ) 965-3411
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follo	wing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

#### LAWRENCE M. ABRAMSON

ATTORNEY AT LAW

1860 Forest Hill Boulevard Suite 200 West Palm Beach, Florida 33406

ADMITTED IN FLORIDA AND NEW YORK Telephone: (561) 965-3411 FAX: (561) 965-0059

May 15, 2006

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

Re: Resignation of Registered Agent and Certificate of Designation of New Registered Agent for MNMB, LLC., a Florida Limited Liability Company

#### Gentlemen:

Enclosed please find the Resignation of Registered Agent and Certificate of Designation of New Registered Agent for MNMB, LLC., a Florida Limited Liability Company. This document number is L04000089062 and was originally filed on December 9, 2004.

Also, please find enclosed my check in the amount of \$122.50. I would appreciate your office returning a stamped copy of these documents in the enclosed stamped envelope.

Very truly yours,

LAWRENCE M. ABRAMSON

LMA/dc Enc.

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May 26, 2006

LAWRENCE M. ABRAMSON, ESQUIRE 1860 FOREST HILL BLVD., SUITE 200 WEST PALM BEACH, FL 33406

SUBJECT: MNMB, LLC

Ref. Number: L04000089062

We have received your document for MNMB, LLC and your check(s) totaling \$37.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted was drafted in accordance with Chapter 607, Florida Statutes. Florida limited liability companies are governed by Chapter 608, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 806A00037080

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company	is: MNMB, LLC, a	Flor	ida Limited	Liability	y Company
2. The mailing address of the limited liabilit					•
Vero Beach, Florida 32962					
vero beach, i fortua 32302					·
December 9, 2004 L04000089062		089062			
3. Date of filing/registration in Florida	4. De	ocum	nent number		
5. The name of the registered agent and the r Florida Department of State:	egistered office addres	ess as	shown on the r	ecords of the	e
Rebecca	F. Emmons				
	Name				,
3355 Ocean Drive			8	Oly S	
Address			یّے	13.00 13.00 13.00	
Vero Beach, Florida 32963  City, State and Zip				7	文化
		_		Ļ	F CS
6. The name and address of the new registere	ed agent and/or office:	:		PH	주는
Lawrence M. Abramson			06 JUN -7 PH 12: 14	ORPORATIONS	
	Name				TIQ.
	l Blvd., Suite 20			_	<i>⊙</i>
Florida street add	lress (P.O. Box <b>NOT</b> a	accep	otable)		
West Palm Beac	h <sub>FL</sub> 33406			_	
Cit	y, State and Zip			_	
If the limited liability company is not organize confirmed that after the change or changes and the business office of the registered agentiability company, it is hereby confirmed that of the members of the limited liability comport the operating agreement of the limited liability comports of the limited liability comports of the limited liability comports agreement of the liability comports agr	re made, the Florida st it will be identical. Or it the change(s) was/we any or as otherwise pr bility company.	treet a r, in the ere au	address of the r he case of a Flo athorized by an	egistered off orida limited affirmative	l vote
Michael Hooker, Manager					
(Printed or typed name of signee)					
I hereby accept the appointment as registere comply with the provisions of all statutes reland I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	ed agent and agree to cative to the proper and tions of my position as ing filed to merely reflucity company has be	act in d com s regi lect a en no	this capacity. Iplete performa stered agent as change in the i tified in writing	I further ag ince of my di is provided fo registered of g of this cha	rree to uties, or in ffice nge.
(Signature of Registered Agent)					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00