100000011950

(Req	questor's Name)
(Ädd	lress)
bbA)	lress)
(City	/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:
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COVER LETTER

Division of Corporations	
SUBJECT: MHI Holding Company , LLC	
(Name of Limit	ed Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Robert M. Kush	
(Contact Person)	
(Firm/Company)	
837 Oak Park Drive	
(Address) Melbourne, Florida 32940	
(City/State and Zip Code)	·
For further information concerning this matte	r, please call:
Robert M. Kush	321 432-4207 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\Boxed{\Boxes}\$ \$\$ \$55 \text{ Filing Fee & Certified Copy}\$\$
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

TO: Registration Section



2021 NOY -5 AM 8: 46

SECRETARY OF STAYE

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as Holding Company, LLC	it appears on the records of the Florida Department
2. The Florida docu 1.00000011950	ument/registration number ass	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	gned or will withdraw/resign is:
4. I, Robert M. Kush		, hereby withdraw/resign as a
MGR		
	(Print Title)	
resignation in wr		e limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	