## 10400055783

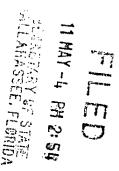
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	TIAW [	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. BRUCE
MAY 05 2011
EXAMINE.P

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MBI, LLC		
(Name of Limite	d Liability Company)	
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for	
Please return all correspondence concerning th	is matter to:	
Chris Ingalls		
(Contact Person)		
MBI, LLC		
(Firm/Company)	E AY	
3301 NE 5th Ave., Apt. #710	LARASSEE, PH	
(Address)	F. 3 72	
Miami, FL 33137		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter,	please call:	
Chris Ingalls a	, 786 <u>546-3636</u>	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to t	he Florida Department of State for: \$55 Filing Fee &	
<u> </u>	Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	role Tallahassee Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is: ME	limited liability company as it appears on I, LLC	the records of the Flo	orida Department
	ility company was organized under the lav	ws of:	HAY-4 PH
3. The Florida doc <b>L0400005</b>	ument/registration number of this limited l	iability company is:	F STATE
4. I, Mason Ing	alls, hereby	resign as a Manag	jing Member
of this limited lia resignation in wr	pility company and affirm the limited liabi	ility company has bee	en notified of my
Signature of Resi	gning Member, Managing Member or Ma	nager	,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)		