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SECTION TO THE STATE STATE



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MBM Servine (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing 1	Member or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Mary S Myo- (Name of Person)	
MRM Services (Firm/Company)	LLC Oddaddass mollie New Address Her Wyson
17872 47th D1.	- New down Her Willen
Wellborn Fla. 3 (City/State and Zip Code)	3204
For further information concerning this matter, ple	ease call:
Man Soft(Name of Person)	at (904) 4/2 6052 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
£25 Filing Fee	\$55 Filing Fee & Certified Copy

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, TIMOTHY J. MIXON	, hereby resign as MEMBER
•	(Title)
of MBM SERVICES	LC
	(Limited Liability Company)
a limited liability company organized	d under the laws of the State of Florida
, , , ,	
and affirm that the limited liability co	ompany has been notified in writing of the resignation.
CAALZ	0 5
	2-8-06

(Signature of resigning manager, managing member or member)

FILING FEE IS \$25.00

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