## L04000092208

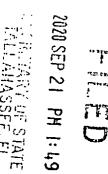
(Requestor's Name)		
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(0)	F.N. N.	
(Busin	ess Entity Name	;)
(Docur	ment Number)	
Certified Copies	Certificates o	of Status
<u></u>		
Special Instructions to Filing Officer:		





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De 10/23/20

## **COVER LETTER**

TO: Registration Section		
Division of Corporations		
SUBJECT: MH Holding, LLC		
(Name of	Limited Liability C	ompany)
The enclosed member, resignation or dis	ssociation and fee	(s) are submitted for filing.
Please return all correspondence concern	ning this matter to	<b>)</b> :
Richard E. Money		
(Contact Person)		
MH Holding, LLC		
(Firm/Company)		
C400 # 2211		
6402 Highway 2311 (Address)		<del>_</del>
(Address)		
Panama City, Fl 32404		
(City/State and Zip Code)		_
For further information concerning this i	matter, please cal	1:
Richard E. Money	% 0 <b>850</b>	258-0572
(Name of Contact Person)		le & Daytime Telephone Number)
,	•	• •
Enclosed please find a check made paya		-
☐ \$25 Filing Fee	⊠ \$55 Fili	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303



## 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)

I. The name of	the limited liability company as it ap	pears on the records of the Florida Department
of State is: _	M Holding, LLC	·
2. The Florida d	locument/registration number assigne	ed to this limited liability company is:
L0400009	92208	
3. The date this	member/manager withdrew/resigned	or will withdraw/resign is: June 17, 2010
4. l, <u>Glen</u> (Pri	W Harris nt Name of Person Resigning)	hereby withdraw/resign as a managing member.
Mg_	Mender. (Print Title)	
of this limited resignation in		ited liability company has been notified of my
M	U Hair	
Signature of	Dissociating Member or Resigning	Manager
Filing Fee:	\$25.00 (Required)	· · · · · · · · · · · · · · · · · · ·

Notary Public State of Flonda Nancy Tribbetts My Commission GG 287745 Expires 10/04/2021

Certified Copy:

\$30.00 (Optional)