## L05000073851

| (Requestor's Name)                      |
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| (Address)                               |
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|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
| THOREST TOTAL                           |
|   |
| (Business Entity Name)                  |
| (Dusiness Entity Name)                  |
|   |
| (Document Number)                       |
|   |
|   |
| Certified Copies Certificates of Status |
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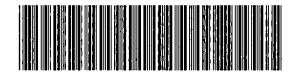
Special Instructions to Filing Officer:

A. LUNT

AUG - 6 2009

**EXAMINER** 

Office Use Only



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PILED 2009 AUG -5 PHIZ: 25 SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| Division of Corporations   |  |
| SUBJECT: MBS Enterprises, LLC  |  |
| (Name of Limited   | Liability Company)   |
| The enclosed member, managing member or mafiling.  | anager resignation and fee(s) are submitted for              |
| Please return all correspondence concerning this   | s matter to:   |
| Carla Sexton   | Z009<br>SE<br>TAL  |
| (Contact Person)   | AUG<br>CRET<br>CAHR  |
| MBS Enterprises, LLC   | 2009 AUG -5 PM 12: 25 SECRETARY OF STATE TALLAHASSEE, FLORID |
| (Firm/Company)   | PHIZ.  |
| 1 Jessie Ct  |  |
| (Address)  | <i>y</i>   |
| Beverly Hills, FL 34465  |  |
| (City/State and Zip Code)  |  |
| For further information concerning this matter,  | please call:   |
| Carla Sexton at  | (352) 212-9125   |
| (Name of Contact Person)   | (Area Code & Daytime Telephone Number)                       |
| Enclosed please find a check made payable to the   | ·  |
| \$25 Filling Fee   | Certified Copy   |
| STREET/COURIER ADDRESS:  | MAILING ADDRESS:   |
|  | ——————————————————————————————————————                       |
| <u>-</u>   |  |
|  |  |
| \$25 Filing Fee  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | ••   |

Tallahassee, Florida 32301

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|  | limited liability company as i      | t appears on the records   | of the Flor   | ida Depai  | tment         |
|--|-------------------------------------|----------------------------|---------------|------------|---------------|
| of State is: IVID                          | S Enterprises, LLC                  |                            |               | <u> </u>   | <del>20</del> |
|  |                                     |                            |               | CC         | 09 AUG        |
| 2. This limited liab Florida               | ility company was organized t       | under the laws of:         |               | ETARY O    | ည             |
| 3. The Florida docu<br>L05000073           | nment/registration number of t      | this limited liability con | npany is:     | F STATE    | PH 12: 25     |
|  |                                     |                            |               |            |               |
| 4. I, Marlin Sexton                        |                                     | , hereby resign as a       | Managir       | ng Men     | nber          |
| (Print N                                   | (Print Name of Person Resigning)    |                            | (Print Title) |            |               |
| of this limited liab<br>resignation in wri | oility company and affirm the ting. | limited liability compa    | ny has been   | notified ( | of my         |
| Marl                                       | in Retextal                         |                            |               |            |               |
| Signature of Resi                          | gning Member, Managing Me           | ember or Manager           |               |            |               |
| Filing Fee:                                | \$25.00 (Required)                  |                            |               |            |               |
| Certified Copy:                            | \$30.00 (Optional)                  |                            |               |            |               |