

L05000076393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

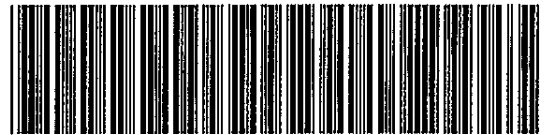
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

W. P. V...



600061727166

12/01/05--(0103) - 008 \*\*250.00

REC-1 P 2:51  
SECURITY  
MILITARY

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MBC Homes LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** LD500000716393

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Balta  
(Name of Person)

MBC Homes LLC  
(Name of Firm/Company)

539 East Oakland Park Blvd.  
(Address)

Oakland Park FL 33334  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Cheeley at 954, 964-4738  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RECEIVED  
TALLAHASSEE, FL  
JAN 10 2003  
2003-1 P 2:51

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Michael Balta, hereby resigns as  
(Name of Registered Agent)

Registered Agent for

MBC Homes LLC  
(Name of Limited Liability Company)

LD500000716393  
(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

### FILING FEES:

|          |   |
|----------|---|
| \$ 85.00 | Active limited liability company  |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>withdrawn limited liability company |

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

2005 DEC -1 P 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA