

L060000009756

(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



100331549301

07/16/19--01010--024 **110.00

FILED
2019 JUL 16 AM 12:40
RATON NM 87403

Y SULKER

JUL 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MHB Construction Services, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L0600000956

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:

Jeffrey Burley

Name of Person

MHB Construction Services, LLC

Name of Firm/Company

6781 W. Sunrise Boulevard

Address

Plantation, FL 33313

City/State and Zip Code

jeff@bbis.info

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Burley

Name of Person

at (

954

Area Code

444-1336

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Megan Burley, hereby resigns as
Name of Registered Agent

Registered Agent for MHB Construction Services, LLC

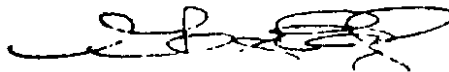
Name of Limited Liability Company

L06000009756

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 of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

2015 JUL 16 AM 11:48
FILED
TALLAHASSEE, FL
CLERK OF THE COURT

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
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