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(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL.
(B	usiness Entity Name)	
(5	domess Emily Warne,	•
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

OF WIN 22 PM 3: 39

J. BRYAN JUN 2-6 2006

COVER LETTER

	TO: Registration Section Division of Corporations			
	SUBJECT: 5. M. B. F. (Name of Limited Liability)	terprises L.L.C.		
Dear Sir or Madam:				
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to th	e following:		
	Deborah E. Van Wywer (Name of Person)	MGRM	DIAISION	
	J. M. B. Enterprises (Firm/Company)	LLC.	06 JUN 22 PM 3: 39	
	P-0. Box 1312		ું સુ 39	
	Silver Springs Florida (City/State and Rip Code)	34489		
	For further information concerning this matter, please call:			
Mid	Name of Person) (Agest) (Area Co	274-8094 ode & Daytime Telephone Number)		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following amount:			
	☐\$25 Filing Fee CR2E079 (8/05)	\$55 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

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