L07000081213

| (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: | | | | |
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Office Use Only



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04/17/08--01019--006 **35.00

04/28/08--01010--003 **25.00

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

APR 3 0 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: MFHM Investments, LLC (Name of Limited Liability Company) |
| The enclosed member, managing member or manager resignation and fee(s) are submitted fo filing. |
| Please return all correspondence concerning this matter to: |
| Joseph T. Metzget (Contact Person) |
| Metzger Lau Group (Firm/Company) |
| 4100 W. Kennedy Blud. Scite 2/3 |
| Tampa FL 33609 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Toseph T. Metzget at (8/3) 288-2650 (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

Tallahassee, Florida 32301

CR2E079 (5/06)



RECEIVED

08 APR 29 PM 12: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 21, 2008

JOSEPH T METZGER, ESQ METZGER LAW GROUP, PA 4100 W KENNEDY BLVD - STE 213 TAMPA, FL 33609

SUBJECT: MFHM INVESTMENTS, LLC

Ref. Number: L07000081213

We have received your document for MFHM INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 208A00023758



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | | as it appears on the records of vestments, | |
|---|---|--|---------------------------|
| | oility company was organize | | |
| | ument/registration number 7 0 000 8 /2 /3 | of this limited liability comp | pany is: |
| 4. 1, <u>Fose</u> | PLT. Metzg Name of Person Resigning) | er, hereby resign as a | Managet (Print Title) |
| of this limited lia resignation in w | | the limited liability company | y has been notified of my |
| | igning Member, Managing | | |
| Filing Fee: | \$25.00 (Required) | | DIVISION OF OR 2 |
| | \$30.00 (Required) | | R 유 2 유 |