

**L08000030688**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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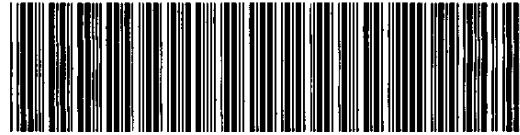
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 NOV - 4 PM 2:59

N. Colligan NOV - 4 2010



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 20, 2010

LAW OFFICE OF ANITA GERACI-CARVER, P.A.  
1560 BLOXAM AVENUE  
CLERMONT, FL 34711

SUBJECT: MHS DEVELOPMENT, L.L.C.  
Ref. Number: L08000030688

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

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 510A00024767

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MHS DEVELOPMENT, L.L.C.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000030688

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:

Anita Geraci-Carver, Esquire  
Name of Person

Law Office of Anita Geraci-Carver, P.A.  
Name of Firm/Company

1560 Bloxam Avenue  
Address

Clermont, FL 34711  
City/State and Zip Code

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

For further information concerning this matter, please call:

Anita Geraci-Carver at ( 352 ) 243-2801  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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,

Anita Geraci-Carver

Name of Registered Agent

, hereby resigns as

Registered Agent for MHS DEVELOPMENT, L.L.C.

Name of Limited Liability Company

L08000030688

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.

Anita Geraci-Carver

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/  
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

INHS17 (08/05)

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