

L17000207265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

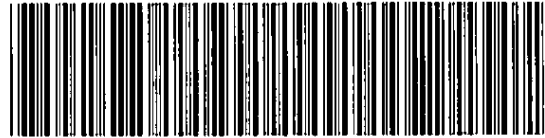
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200392829992

08/25/22--01001--025 \*\*75.00

RECEIVED

2022 AUG 25 PM 12:52

NOTARIES

2022 AUG 25 PM 1:07

8/25/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MBM Properties, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Diyonne McGraw

(Contact Person)

MBM Properties, LLC

(Firm/Company)

726 NW 8th Avenue

(Address)

Gainesville, Florida 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

Diyonne McGraw

352 246-8071  
at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



2022 AUG 25 PM 1:07

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department  
of State is: MBM Properties, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000207265

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/22/2022

4. I, Mark H. McGraw, II, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manger

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Mark H. McGraw II

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)