

W19 000010189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

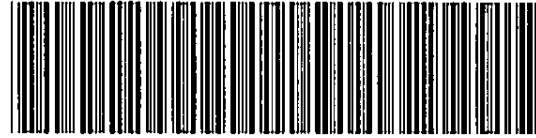
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 14 2024

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06/22/22--01027--004 **35.00

FILED
2024 AUG -2 AM 8:58
SHERIFF OF STATE
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MH Diversified Income Fund 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:

Michael Hubbard

(Contact Person)

MH Diversified Income Fund LLC

(Firm/Company)

1226 Bird Rd

(Address)

Coral Gables, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Hubbard

(Name of Contact Person)

at (305) 684-7814

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 AUG -2 AM 8:59
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: MH Diversified Income Fund LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000010189

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2020

4. I, Maria Hubbard, hereby withdraw/resign as a
(Print Name of Person Resigning)
Vice President
(Print Title)

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

6/25/2024

Signature of Dissociating Member or Resigning Manager

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



FILED
2024 AUG -2 AM 8:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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(Print Name of Person Resigning)
VicePresident
(Print Title)

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

6/25/2024

Signature of Dissociating Member or Resigning Manager

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