# M21000017003

(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.





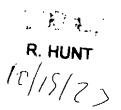
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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 10/19/23

Order #: 1290537-14 Re: MHC AE 1 LLC

Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation \$85.00

Please take the following action:

File in your office on basis

Issue Proof of Filing

MCC+ # IZ000000095

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

#### **COVER LETTER**

MHC AE 1 LLC SUBJECT:		
SUBJECT: Name of Limited Liability C	Company	
DOCUMENT NUMBER: M21000017003		
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitte	:d
Please return all correspondence concerning this matter to the	e following:	
RESIGNATIONS DEPARTMENT		
Name of Person		
CORPORATION SERVICE COMPANY		
Name of Firm/Company		
251 LITTLE FALLS DRIVE	202 202	·
Address	1918108 0 2023 OCT	, C.
WILMINGTON, DE 19808	7 19	기기기
City/State and Zip Code	0 00 27 27 27 27 27 27 27 27 27 27 27 27 27	
ANNUALREPORTS@CSCGLOBAL.COM	172:	
E-mail address: (to be used for future annual report notification)	<b>6</b> 0 %	
For further information concerning this matter, please call:		
at (	927-9801	
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

Registration Section Division of Corporations

TO:

## **Street Address:**

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida S	tatutes, the undersigned.		
CORPORATION SERVI	CE COMPANY	, hereby resigns as		
	Name of Registered Agent	, nervey redigity as		
Registered Agent for M	HC AE I LLC		_	
	Name of Limited Liability	Company	_,	
M21000017003				
Document Nu	mber, if known			
A copy of this resignation	on was mailed to the above listed	limited liability company at its last known address.	í.	
The agency is terminate	Eylin	the 31st day after the date on which this statement in Bully and Vice President Resigning Agent	is filo	ed.
If signing on behalf of an entity:		2112	9A9	DIVIS
	BY EYLIENA BAKER	- -	2023 OCT 1	SION
	Typed or Printe	d Name	<u> </u>	52.
	VICE PRESIDENT	•	ڡ	00
	Capacity	· .	PH 12: 1	(P)(4 A)(

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILING FEES:** 

\$ 85.00 \$ 25.00