

M21000017004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

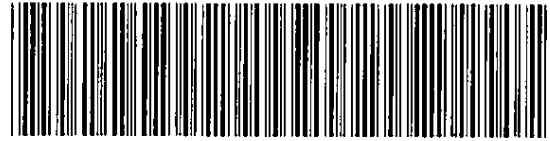
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



80041712798

FILED
2023 OCT 19 AM 9:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
2023 OCT 19 AM 11:18
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



CSC - Tallahassee
1201 Hays Street
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 #: 1290537-12
Re: MHC AE 5 LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation acct # : I2000000195
\$85.00 25.00

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: MHC AE 5 LLC
Ref. Number: M21000017004

We have received your document for MHC AE 5 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your cover sheet must list the Account Number.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 323A00024427

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2023 OCT 23 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for MHC AE 5 LLC

Name of Limited Liability Company

M21000017004

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.

Eyliena Baker
Assistant Vice President
Signature of Resigning Agent

If signing on behalf of an entity:

BY EYLIENA BAKER

Typed or Printed Name

VICE PRESIDENT

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

FILED
2023 OCT 19 AM 9:43
TALLAHASSEE, FLORIDA