

P05 000 125004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

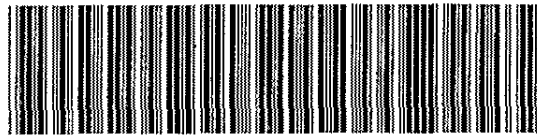
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100108576531

09/04/07--01012--034 **35.00

FILED
07 SEP -4 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

010 Resign

09/10/07

DC

Agency Title Corporation

404 EAST ATLANTIC BOULEVARD
SUITE 101
POMPANO BEACH, FLORIDA 33060

Stuart S. Rosenthal
President
Ext 101

(954) 784-9200 • (954) 784-9209 fax
sandy9200@bellsouth.net
Buy, Sell or Borrow
We Meet All Your Title Needs

Sandra E. Tillman
Vice President and
General Manager
Ext. 103

August 29, 2007

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

Re: Resignation of Marcus Addison
MM Assisted Living Facility, Inc.
File No. A07-06-0100

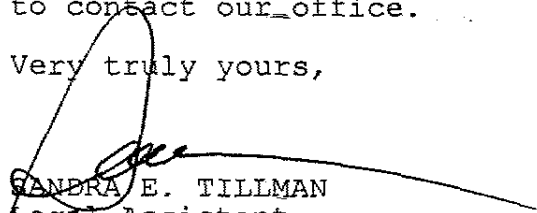
Dear Sir/Madam:

In reference to the above-captioned transaction, enclosed please find the Officer/Director Resignation form, in duplicate, along with our check in the amount of \$35 for the filing fee.

Please return confirmation that the resignation has been accepted by return copy. A self addressed, stamped envelope has been included for your convenience.

If you have any questions regarding this matter, please feel free to contact our office.

Very truly yours,


SANDRA E. TILLMAN
Legal Assistant

/set
enclosure

F:\WORK\RE\MM MORTGAGE TRUST\DIVISION OF CORP RE RESIGN LI

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MM ASSISTED LIVING FACILITY INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000125004

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robert G. Harris, Esq.
(Name of Person)

Law Offices of Robert G. Harris
(Name of Firm/Company)

5355 Town Center Road #801
(Address)

Boca Raton, Florida 33486
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert G. Harris, Esq. at (561) 391-4900
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARCUS ADDISON, hereby resign as Treasurer and Director
(Title)

of MM ASSISTED LIVING FACILITY INC.
(Name of Corporation)

PO5000125004, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

MARCUS ADDISON

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP -4 PM 4:51

FILED