

P05 000 125004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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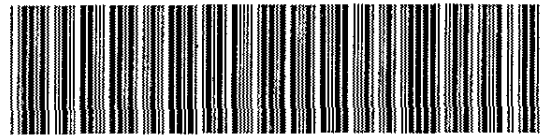
(Business Entity Name)

(Document Number)

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

O/D 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  
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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

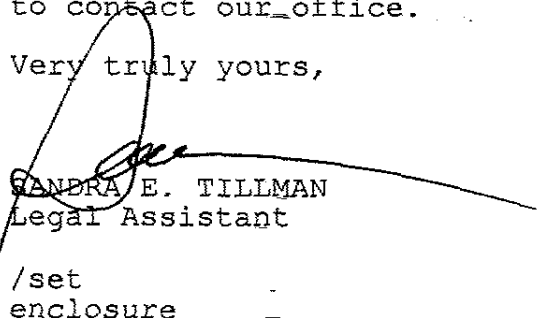
Dear Sir/Madam:

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)

P05000125004, 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**