

U13 0000 21221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

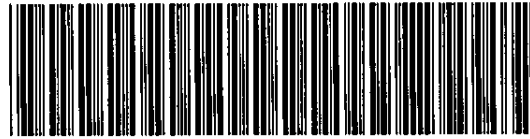
(Business Entity Name)

(Document Number)

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U13-21221

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MidKnight Manches 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:

Matthew E. Anderson
(Contact Person)

MidKnight Manches LLC
(Firm/Company)

11915 SW 57th Ct.
(Address)

Cape Coral / FL. / 33330
(City/State and Zip/Code)

2014 JAN -2 AM 11:16
STATE OF FLORIDA
DEPARTMENT OF STATE

For further information concerning this matter, please call:

Matthew E. Anderson at (954) 993-3623
(Name of Contact Person) (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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Midknight Marchies LLC

2. The Florida document/registration number of this limited liability company is:
69-8016122717-0

3. The date this member withdrew or will withdraw is: 12/31/2013

4. I, Matthew E Anderson, hereby resign as a Managing Member
(Print Name of Person Resigning) *(Print Title)*

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

Matthew E. Anderson
Signature of Resigning or Dissociating Manager, Member

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