

U13 000021221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## 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)

Cooper City / FL. / 33330  
(City/State and Zip/Code)

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

(Print Name of Person Resigning)

hereby resign as a

Managing Member

(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)