L13000071636

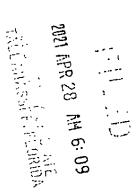
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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04/28/21--01012--008 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

MIDWEST MOTORCYCLE I SUBJECT:	RENTAL & TOURS	LLC
	of Limited Liability C	ompany)
The enclosed member, resignation or d	issociation and fee	e(s) are submitted for filing.
Please return all correspondence conce	rning this matter to	o :
ED KASTRUL		
(Contact Person)		
MIDWEST MOTORCYCLE RENTAL & TO	URS LLC	
(Firm/Company)		_
444 N BEACH ST		
(Address)		_
DAYTONA BEACH FL 32114		
(City/State and Zip Code)	 }	
For further information concerning this	s matter, please cal	1:
ED KASTRUL	386 at (257-6265)
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made pay	able to the Florida	Department of State for:
■ \$25 Filing Fee	□ \$55 Fili	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

MID	limited liability company as	6 TOURS LLC	of the Florida Department	
2. The Florida doc L13000071636	ument/registration number as:	signed to this limited liabi	lity company is:	
3. The date this mo	ember/manager withdrew/resi	gned or will withdraw/resi	ign is: 4/1/2021	
4. 1. CHRISTINE FO	URMAN	, hereby withdraw/resign as a		
MANAGER				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	has been notified of my	
Signature of D	ssociating Member or Resign	ning Manager	AH 6: 09	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		9)A	