## 116000153510

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TALLAHASSEE FLORIDA

NE 23 2017

## **COVER LETTER**

то:	_	stration Section sion of Corporations					
SUBJ	ECT:	MIDWAY BLVD LLC			·		
		(Name of Limited Liability Company)					
The er	nclosed	I member, resignation or dissociation	on and fee(s	a) are submitted for	or filing.		
Please	return	all correspondence concerning this	s matter to:				
ISRA	EL CO	DLON					
	•	(Contact Person)		_			
MIDV	VAY B	BLVD LLC					
		(Firm/Company)		_	28 1A(		
2323	8 HAF	RTLEY AVE			2017 AUG 2		
		(Address)		_	21		
POR	T CHA	ARLOTTE, FL 33954			<u> </u>		
		(City/State and Zip Code)		_	081E		
For fu	irther ii	nformation concerning this matter,	please call:		∌ ω		
ISRA	EL CO		941	623-3756			
	(N	lame of Contact Person)	\	& Daytime Telepl	hone Number)		
	sed ple 5 Filing	ase find a check made payable to the Fee		Department of Sta g Fee & Certified			
Regist	tration	OURIER ADDRESS: Section		MAILING ADI Registration Sec	ction		
	on of 0 n Build	Corporations  ling		Division of Corp P.O. Box 6327	porations		
2661 1	Execut	ive Center Circle Florida 32301		Tallahassee, Flo	rida 32314		

CR2E079 (2/14)



## 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)

	limited liability company as WAY BLVD LLC	it appears on the records	s of the Florida Department
2. The Florida docu L1600015351	ument/registration number as	ssigned to this limited lia	bility company is:
	mber/manager withdrew/resi		
4.1(Print N	ame of Person Resigning)	nereby withdraw/r	esign as a
	(Print Title) bility company and affirm thiting	e limited liability compa	ny has been notified of my
Filing Fee:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	PILED  2017 AUG 21 P 4:  SERVICE FLO