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(City	//State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	-Iling Officer:	
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J. HORNE		
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Office Use Only



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### **COVER LETTER**

TO:		stration Section sion of Corporations		<b>V</b>
SUBJ	ECT:	Midway Labs Bio LLC		
0000	DC 11	(Name of Limi	ted Liability Comp	pany)
The e	nclosed	d member, resignation or dissocia	ation and fee(s)	are submitted for filing.
Please	e return	all correspondence concerning	this matter to:	
Cather	ine Colle	e		
		(Contact Person)		
		(Firm/Company)		
36 <b>7</b> 5 g	reenbria	r avenue		
		(Address)		
Bunnel	ll FL 32	110		
		(City/State and Zip Code)		
For fu	irther in	nformation concerning this matte	er, please call:	
Cathen	ine Colle	e	760 at ()	4023255
	(N	ame of Contact Person)	(Area Code &	¿ Daytime Telephone Number)
	sed ple 5 Filing	ease find a check made payable to g Fee		epartment of State for: Fee & Certified Copy

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FILM

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

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the Florida Department way Labs Bio LLC
	cument/registration number assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, Catherine Okub	o Colle, hereby withdraw/resign as a
Member and Ma	nager
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)