

L19000013622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

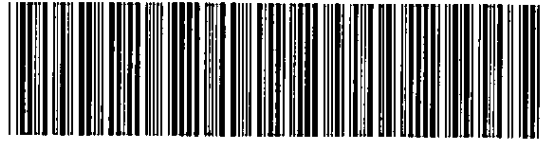
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200373641382

09/21/21--01004--013 \*\*255.00

FILED  
2021 SEP 21 AM 9:39  
SECURITY OF STATE  
TALLAHASSEE FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIDWAY FERNANDINA MIIP, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000013622

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

KP Law, PLLC

Name of Firm/Company

630 W Adams St, Suite 203

Address

Jacksonville, Florida 32204

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle Peters at (904) 476-4790  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

KP LAW, PLLC

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for MIDWAY FERNANDINA MHP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L19000013622

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Kyle Peters

\_\_\_\_\_  
Typed or Printed Name

Manager

\_\_\_\_\_  
Capacity

**FILED**  
2021 SEP 21 AM 9:39  
SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FL

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314