

h20 000 361 343

(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



600369287156

07/06/21-- 01032--002 **55.00

FILED
JUL 6 2021
FRI 4:03

JUL 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDNIGHT BRIDE 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:

NATHAN WOODY
(Contact Person)

(Firm/Company)

9043 ARHDALE CIR.
(Address)

TAMPA, FL. 33615
(City/State and Zip Code)

For further information concerning this matter, please call:

NATHAN WOODY at (813) 884-3412
(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

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

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MIDNIGHT BRIDE, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000361343

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-1-21

4. I, NATHAN WOODY, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)