# N2100000 309

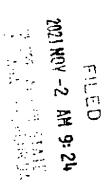
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u> </u>		





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11/02/21--01002--007 \*\*30.00





#### **COVER LETTER**

Division of Corporations	5		
MIDWAY COALITIC	ON INC		
Solvater.	(Name of Limited Liability Con	mpany)	•
The enclosed member, resignation	on or dissociation and fee(	s) are submitted for filing.	
Please return all correspondence	concerning this matter to:		
Felicia A. Green			
(Contact Pers	son)	_	~3
MIDWAY COALITION INC		1 <del>-</del> 201	FILED 2021 NOV -2 AM 9: 2
(Firm/Compa	any)	- !**.	W.
2405 RIGHTWAY CENTER		) 	FILED W-2 AM
(Address)		ا مهد ۱۹۰۱ - در سر ۱۹۰۱ - دمار	- عد
SANFORD. FLORIDA 32771			: 24
(City/State and Z	Zip Code)	_	
For further information concerni	ing this matter, please call:		
Felicia A. Green	407 at (	474-2993 )	
(Name of Contact Perso	on) (Area Code	& Daytime Telephone Number)	
Enclosed please find a check ma	ade payable to the Florida I	Denartment of State for:	
■ \$25 Filing Fee		g Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	5	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

CR2E079 (2/14)

TO: Registration Section

### OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	SECRETARY, hereby resign as		
		(Title)	
MIDWAY COALITION INC. ADD	DED TO ENTITY WITHOUT CONSENT OR K	NOWLEDGE	
()	Name of Corporation)	,	
N21000000309 (Document Number, if known)	, a corporation organized under the	laws of the State of	
FLORIDA			
£	+Hached (Signature of resigning officer/director)	7021 NOV -2 AM 9:	

#### FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

1. The name of th	e limited liability company	s it appears on the records of the Florida Department
МП	DWAY COALITION INC	
2. The Florida do	cument/registration number a	assigned to this limited liability company is:
3. The date this m	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I, FELICIA A. G		, hereby withdraw/resign as a
(Print	Name of Person Resigning)	
SECRETARY		
	(Print Title)	1
of this limited li- resignation in w	ability company and affirm thriting.	ne limited liability company has been notified of my
Lelin	a J. Breen	
Signature of D	Dissociating Member or Resignation	ning Manager
Filing Fee:	\$25.00 (Required)	. •
Certified Copy:	\$30.00 (Optional)	<b>**</b>