

N21000000 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:

Office Use Only



700374985847

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

FILED  
2021 NOV -2 AM 9:24  
STATE

A handwritten signature in black ink, appearing to be the initials 'RW'.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIDWAY COALITION INC  
(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:

Felicia A. Green  
(Contact Person)

MIDWAY COALITION INC  
(Firm/Company)

2405 RIGHTWAY CENTER  
(Address)

SANFORD, FLORIDA 32771  
(City/State and Zip Code)

FILED  
2021 NOV -2 AM 9:24  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Felicia A. Green at ( 407 ) 474-2993  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FELICIA A. GREEN, hereby resign as SECRETARY  
(Title)

of MIDWAY COALITION INC ADDED TO ENTITY WITHOUT CONSENT OR KNOWLEDGE  
(Name of Corporation)

N21000000309, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

Attached  
(Signature of resigning officer/director)

FILED  
2021 NOV -2 AM 9:27  
TALLAHASSEE, FLORIDA

**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 the limited liability company as it appears on the records of the Florida Department of State is: MIDWAY COALITION INC

2. The Florida document/registration number assigned to this limited liability company is:  
N21000000309

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/06/2021

4. I, FELICIA A. GREEN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
SECRETARY  
*(Print Title)*

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

*Felicia A. Green*

Signature of Dissociating Member or Resigning Manager

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

FILED  
2021 NOV -2 AM 9:24  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS