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SECRETARY OF STATE

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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: KATRINE INTERNATIONAL   (Name of Limited	LLC Liability Company)		
Dear Sir or Madam:			
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitte	ed for filing.	
Please return all correspondence concerning this mat	ter to the following:		
A. GEORGE GUTIERREZ, ESQ.			
(Name of Person)			
LAW OFFICES OF A. GEORGE GUTI	ERREZ		
(Firm/Company)			
2600 DOUGLAS ROAD, SUITE 600		4 ~	
(Address)	<del></del>	SECT SECT	
CORAL GABLES, FL 33134		2005 NOV 28 SECRETARY ALLAHASSI	
(City/State and Zip Code)			T
For further information concerning this matter, please	e call:	PHIS OF SI	
A. GEORGE GUTIERREZ	(305 ) 441-9060	PH 12: 04	" <b>*</b> ₁ <b>ai</b> "
	(Area Code & Daytime Telephone Numb	per)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		
CR2E079 (8/05)	• •		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, NORBERTO ZIRULNIKOFF	, hereby resign as MGRM	
(Title)		
of KATRINE INTERNATIONAL LLC		,
(Limite	d Liability Company)	<del>-</del>
a limited liability company organized under	the laws of the State of FLORIDA	<b>و</b> ـــــــ
and affirm that the limited liability compan	y has been notified in writing of the resignation.	1
11/2	ARY ASSE	7
	mager, managing member or member)	[T]
(Signature of resigning ma	nager, managing member or member)	* zati

#### FILING FEE IS \$25.00

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