

L12 000 0116 17

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

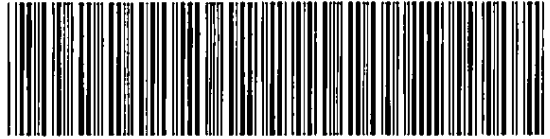
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900423418509

02/20/24--01010--024 **25.00

2024 FEB 20 PM 1:54
RECEIVED
MILWAUKEE

COVER LETTER*

TO: Registration Section
Division of Corporations

SUBJECT: Catalytic Real Properties, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J. Szerlag

(Name of Person)

(Firm/Company)

202 Freemason St.

(Address)

Oriental, NC 28571

(City/State and Zip Code)

2007 FEB 20 PM 1:54

For further information concerning this matter, please call:

David J. Szerlag

612-396-172

at ()

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Catalytic Real Properties, LLC

2. The Articles of Organization were filed on 01/23/2012 and assigned
document number L12000011617

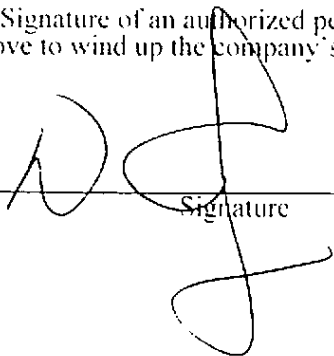
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).
The consent of all members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

RECEIVED FEB 21 10:15 AM '12


Signature

2/14/24

David J. Szerlag
Printed Name

FILING FEE: \$25.00