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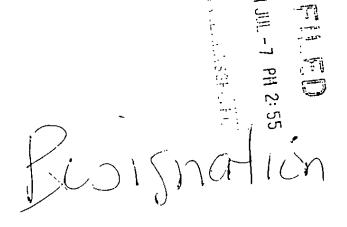
| (Reques | stor's Name) | |
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| PICK-UP |] WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing | g Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| Division of Corporations | |
| SUBJECT: CATITAIN MIAMI (Name of Limit | LLC |
| (Name of Limit | ed Liability Company) |
| The enclosed member, resignation or dissocia | tion and fee(s) are submitted for filing. |
| Please return all correspondence concerning t | his matter to: |
| MATIAS MONASTIRSKY (Contact Person) | |
| (Contact Person) | |
| MMM MANAGEMENT GAOU (Firm/Company) | 18 uc |
| (Firm/Company) | |
| 323 S ZISI AVENUE (Address) | SIE C |
| | |
| Howywas Roll PA 3: | 2020 |
| (City/State and Zip Code) | |
| For further information concerning this matte | r, please call: |
| MATIAS MONASTIR STOY (Name of Contact Person) | at (954) 505 - 3219 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to ✓ \$25 Filing Fee | the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy |
| | |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations Division of Corporations | |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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

(Pursuant to 605.0216, Florida Statutes)

| | limited liability company as it appears on the records of the Florida Department |
|--|--|
| of State is: | ATITAINMIAMI UC |
| 2. The Florida doc | ument/registration number assigned to this limited liability company is: |
| 1 12000 | 0082941 |
| 3. The date this me | ember/manager withdrew/resigned or will withdraw/resign is: $\frac{1/1/2017}{}$ |
| | GEMENT VENTURE UC, hereby withdraw/resign as a fame of Person Resigning) |
| MANAE | SER . |
| · | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| | Ju - |
| Signature of D | issociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |
| Certified Copy: | \$30.00 (Optional) |