

L13000075043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

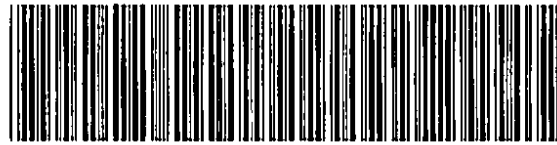
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100305912821

11/28/17--01025--009 \*\*25.00

2017 NOV 27 AM 11:33  
TALLAHASSEE, FLORIDA

FILED  
17 NOV 28 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BF  
11/28/17

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Katalyst Ventures LLC

(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:

Ingrid Willis

(Contact Person)

Katalyst Ventures LLC

(Firm/Company)

P.O. Box 1248

(Address)

Brandon, FL 33509

(City/State and Zip Code)

For further information concerning this matter, please call:

Ingrid Willis

813

846-6704

at ( )

(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

**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



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: Katalyst Ventures LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000075043

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/15/2017

4. I, Richard Willis, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

FILED  
17 NOV 28 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA