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## **COVER LETTER**

| SUBJECT: CATHARS IS RESTAURANT AND LOUNCE, LIC.  (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:  VIVIAN GONZALEZ DIAZ  (Contact Person)  ORTHARS IS RESTAURANT AND LOUNCE, CLC.  ICYY S W B SI MIMMI (1 2)125  (Firm/Company)  ILYY S W B SI MIMMI (1 2)125  (Firm/Company)  ILYY S W B ST MIMMI (1 2)125  (Citty/State and Zip Code)  For further information concerning this matter, please call:  VIVIAN GONZALZ DIAZ  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  (S25 Filing Fee Cettified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations   | Division of Corporations  |   |  |  |  |  |
|---|---|---|--|--|--|--|
| (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:    VIVIAN GONZALEZ-DAZ (Contact Person)   |   |   |  |  |  |  |
| (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:    VIVIAN GONZALEZ-DAZ (Contact Person)   | CHDIECT. CATHAOSIC  | AFTAURANT AND LOURS - 118                         |  |  |  |  |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:    VIVIAN GONZALEZ-OAZ   | (Name   | of Limited Liability Company)                     |  |  |  |  |
| Please return all correspondence concerning this matter to:    VIVIAN GONZALEZ-OLAZ (Contact Person)  | (Name of Elimet Elability Company)  |   |  |  |  |  |
| VIVIAN GONZALEZ-DIAZ   CContact Person)   OATHARSIS RESTAURENT AND LOUNCE; CLE,   ILYY SW & ST MIAMIT F1 39135   (Firm/Company)      1644 SW & M STREET   (Address)   | The enclosed member, resignation or d   | lissociation and fee(s) are submitted for filing. |  |  |  |  |
| VIVIAN GONZALEZ-DIAZ   CContact Person)   OATHARSIS RESTAURENT AND LOUNCE; CLE,   ILYY SW & ST MIAMIT F1 39135   (Firm/Company)      1644 SW & M STREET   (Address)   | Please return all correspondence conce  | rning this matter to:                             |  |  |  |  |
| MIAMI   SW & M STREET   | •   | 3   |  |  |  |  |
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| MI Am   STREET  | VIVIAN GONZAIEZ-L   | XA2   |  |  |  |  |
| MI Am   STREET  | (Contact Person)  | ant 440 104015, 110                               |  |  |  |  |
| MI Am   STREET  | CITAMISIS RESINOR   | an one zourice , cele,                            |  |  |  |  |
| MI Am   STREET  | 1644 SW 8 SI  | 411mi M 33135                                     |  |  |  |  |
| MI   Man   Mailing Address: Registration Section   Mailing Address   Registration Section   Mailing Address   Registration Section   Registration  | (Firm/Company)  |   |  |  |  |  |
| MI   Man   Mailing Address: Registration Section   Mailing Address   Registration Section   Mailing Address   Registration Section   Registration  |   |   |  |  |  |  |
| MI   Man   Mailing Address: Registration Section   Mailing Address   Registration Section   Mailing Address   Registration Section   Registration  | 1644 SW 8 M STI   | 2EET  |  |  |  |  |
| For further information concerning this matter, please call:    VIVIAN   GONZALIZ - OIAZ   at (305) 984 8422   Registration Section   Registration  | (Address)   |   |  |  |  |  |
| For further information concerning this matter, please call:    VIVIAN   GONZALIZ - OIAZ   at (305) 984 8422   Registration Section   Registration  |   |   |  |  |  |  |
| For further information concerning this matter, please call:    VIVIAN   GONZALIZ - OIAZ   at (305) 984 8422   Registration Section   Registration  | MIAMI H   | 33/35.  |  |  |  |  |
| For further information concerning this matter, please call:    VIVIAN   GONZALIZ - OIAZ   at (305) 984 8422   Registration Section   Registration  | (City/State and Zip Code  |   |  |  |  |  |
| VIVIAN GONZAUZ - OIAZ   at (305) 984 8422   305   Style   St  |   |   |  |  |  |  |
| VIVIAN GONZAUZ - OIAZ   at (305) 984 8422   305   Style   St  | For further information concerning this matter, please call:                      |   |  |  |  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{S25}} \text{Filing Fee} \text{\$\sum_{\text{D355}} \text{Filing Fee & Certified Copy}}\$  \$\text{STREET/COURIER ADDRESS:} \text{MAILING ADDRESS:} \text{Registration Section}\$   |   |   |  |  |  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{S25}} \text{Filing Fee} \text{\$\sum_{\text{D355}} \text{Filing Fee & Certified Copy}}\$  \$\text{STREET/COURIER ADDRESS:} \text{MAILING ADDRESS:} \text{Registration Section}\$   | 1/11/120 604/2 -0183  | 11 305 SEY 8422 III I                             |  |  |  |  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{S25}} \text{Filing Fee} \text{\$\sum_{\text{D355}} \text{Filing Fee & Certified Copy}}\$  \$\text{STREET/COURIER ADDRESS:} \text{MAILING ADDRESS:} \text{Registration Section}\$   | (Name of Contact Person)  | (Area Code & Daytime Telephone Number)            |  |  |  |  |
| \$25 Filing Fee \$25 Filing Fee \$25 Filing Fee \$25 Filing Fee \$35 Fi | (   | <u></u>   |  |  |  |  |
| \$25 Filing Fee Certified Copy  STREET/COURIER ADDRESS: Registration Section  Registration Section  | Enclosed please find a check made payable to the Florida Department of State for: |   |  |  |  |  |
| STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section   |   |   |  |  |  |  |
| Registration Section Registration Section   |   | Certified Copy                                    |  |  |  |  |
| Registration Section Registration Section   | CTREET/COURSED ABBRESS  | MAILING ADDRESS.                                  |  |  |  |  |
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|   | •   |   |  |  |  |  |
| Clifton Building P.O. Box 6327  | <u>*</u>  |   |  |  |  |  |

Tallahassee, Florida 32314

CR2E079 (12/13)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

|                      | limited liability company a  |                             | <del>-</del>        |                     |
|----------------------|--|-----------------------------|---------------------|---------------------|
|                      | ment/registration number 0015554   | <u>-</u>                    | mpany is:           |                     |
| 3. The date this mer | nber withdrew or will with   | hdraw is: Fenua             | 24 28,201           | 4.                  |
| of this limited liab | STUTZER  ame of Person Resigning)  wility company and affirm thing.  Signing or Dissociating M | the limited liability compa |                     |                     |
| _                    | \$25.00 (Required)<br>\$30.00 (Optional)   |                             | SECRETARY OF CHAINS | 2014 MAR 20 M 12: 5 |