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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

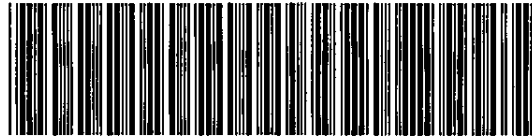
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CATHARSIS RESTAURANT AND LOUNGE, 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:

VIVIAN GONZALEZ-DIAZ  
(Contact Person)

CATHARSIS RESTAURANT AND LOUNGE, LLC.  
1644 SW 8 ST, MIAMI FL 33135  
(Firm/Company)

1644 SW 8th STREET  
(Address)

MIAMI FL 33135.  
(City/State and Zip Code)

For further information concerning this matter, please call:

VIVIAN GONZALEZ-DIAZ at (305) 984 8422  
(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

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Catharsis Restaurant and Lounge, LLC

2. The Florida document/registration number of this limited liability company is:

L13000155545

3. The date this member withdrew or will withdraw is: FEBRUARY 28, 2014

4. I, HERMAN STUTZER, hereby resign as a MANAGING MEMBER  
(Print Name of Person Resigning) (Print Title) MGR M

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

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

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

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TALLAHASSEE, FLORIDA

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