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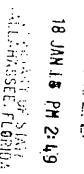
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	Catalyst Ancillary Solutio		
	(Name of	Limited Liability Co	ompany)
The e	nclosed member, resignation or diss	sociation and fee((s) are submitted for filing.
Please	e return all correspondence concerni	ing this matter to	:
	(Contact Person)		_
Cata	lyst Ancillary Solutions		
	(Firm/Company)		_
	(Address)		
	(City/State and Zip Code)		
For fu	urther information concerning this n	natter, please call	:
Ryar	n P. Begy	941 at (232-8288
	(Name of Contact Person)		e & Daytime Telephone Number)
	osed please find a check made payab 5 Filing Fee		
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallal	hassee, Florida 32301		

CR2E079 (2/14)



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)

Cata	limited liability company as alyst Ancillary Solutions, L	LC	s of the Florida Depa	artment
2. The Florida doc L160000057	ument/registration number as	ssigned to this limited lia	ability company is:	,
Taylor Abran 4. I		signed or will withdraw/i	<u> </u>	
MGR ————	(Print Title));· • • • • • • • • • • • • • • • • • • •	
of this limited lia resignation in w	ibility company and affirm the riting.	ne limited liability compa	any has been notified	of my
Signature of D	issociating Member or Resig	ining Manager		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			