## L17000128445

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## COVER LETTER

_	gistration Section		
Div	ision of Corporations		
SUBJECT	The Cats Meow Cafe, ULC		
	(Name of L	imited Liability Co	ompany)
The enclose	ed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please retu	rn all correspondence concernir	ng this matter to	):
Zulmarie Ort	iz		
	(Contact Person)		<del></del>
The Cats Med	ow Cafe		
	(Firm/Company)		<del>_</del>
7385 S.W. 38	KTH STREET		
	(Address)		_
MIAMI, FL.	33155		
· · · · · · · · · · · · · · · · · · ·	(City/State and Zip Code)		
For further	information concerning this ma	atter, please call	l:
Zulmarie Ort	ix	1-787 at (	512-1758
(	Name of Contact Person)		le & Daytime Telephone Number)
Enclosed p  ☐ \$25 Filis	lease find a check made payabling Fee		Department of State for: ng Fee & Certified Copy
Reg Div P.O	ting Address: gistration Section ision of Corporations b. Box 6327 tahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810



## 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)

. The C	limited liability company as it appears on the reats Mcow Cafe, LLC	ecords of the Florid	a Department
2. The Florida docu L17000128445	ument/registration number assigned to this limite	ed liability compan	y is: <sub>←</sub>
3. The date this me	mber/manager withdrew/resigned or will withdr	Zulma raw/resign is:	nie Oniz
4. I,	, hereby withd		****
(Print N AMBR	ame of Person Resigning)		B: 23
•	Print Title)		
of this limited lial resignation in wri	pility company and affirm the limited liability conting.	ompany has been n	otified of my
Signature of Di	ssociating Member or Resigning Manager	_	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		