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SECKETAN SEPRIFIE

Mr. S. Salas

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: CAT NINE, LLC	
Name of Limite	ed Liability Company
DOCUMENT NUMBER: L18000287542	
The enclosed Resignation of Registered Agent for filing.	a Limited Liability Company and fee are submitted
Please return all correspondence concerning this n	natter to the following:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	
Address	
Austin, TX 78717	
City/State and Zip Code	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matter, ple	ease call:
,	
Name of Person	1 800 773-0888 x3950 Area Code Daytime Telephone Number
	Department of State for \$85.00 for an active limited y dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
(ananassee, 1 1, 52,514	2001 Executive Conter Circle

Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.01	15. Florida Statutes, the unde	rsigned,	
United States Corp	poration Agents, I	nc.	, hereby resigns as	
	Name of Registered Ag		, nereby resigns as	
Registered Agent for	CAT NINE, LLC			
	Name of Li	mited Liability Company	 -	
		, , ,		
L18000287542				
Document N	lumber, if known			
A copy of this resignati	ion was mailed to the	above listed limited liability (company at its last	known address.
		ontinued on the 31st day after		
		Signature of Resigning Agent		
If signing on behalf of a	an entity:			
	Cheyenne Mose	eley		20 SE
		Typed or Printed Name		ACE IS
	Asst. Secretary for I	United States Corporation Age	ents, Inc.	A F
		Capacity		2019 JUL 19 SECKLANAS
	FILING	FEES:		
	\$ 85.00 \$ 25.00	Active limited liability co Administratively dissolve withdrawn limited liabilit	d/ voluntarily disso	17) N

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314