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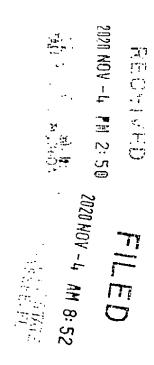
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

512 Catherine Street LLC				
				
	<u> </u>			
				Art of Inc. File
<u> </u>				LTD Partnership File
				Foreign Corp. File
				L.C. File
			l	Fictitious Name File
				Trade/Service Mark
			<u> </u>	Merger File
		,	<u> </u>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
o.g				Vehicle Search
				Driving Record
Requested by: Seth				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Hallic	Date	Time		UCC 11 Retrieval
Walk-In	•	·		Courier



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)

1. The name of the	e limited liability company a	as it appears on the records of the F	lorida Dep	oartmen	ıt
of State is:	Catherine Street, LLC				
		assigned to this limited liability cor			
Daniel Federbus	-la	esigned or will withdraw/resign is:		2020	
(Print)	Name of Person Resigning)	, hereby withdraw/resign as	н		
Authorized Mem					
	(Print Title)				
resignation in wr	illing.	he limited liability company has be	en notified	l of my 2020 NOV	
Signature of Di	is the lating Member or Resig	ming Manager	· ·	1	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SAFE FEE	4 AM 8:52	LED