M18000009630

(Requestor's Name)
(Address)
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(Address)
(~001655)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submess Ching Hams)
(Document Number)
Certified Copies Certificates of Status
Consideration to Ellino Office
Special Instructions to Filing Officer:

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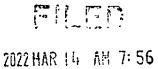


115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: March 11, 2022	Account#: I20000000088
Name: GREG PINTACUDA	
Reference #:1621029	
Entity Name: CATENARY CARBON GP, LLC	<u> </u>
Articles of Incorporation/Authorization to Transact Busine	ess
Amendment	
☐ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
✓ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25	
Signature:	

COVER LETTER

TO:		istration ision of (Section Corporations		
SUBJE	CT.	Catena	ry Carbon GP, LLC		
CODOL	,,,,,		(Name of Fo	reign Limited Liability	Company)
Dear Si	ir or N	4adam:			
The end	closec	l withdra	wal and fee(s) are submitt	ed for filing.	
Please	return	all corre	spondence concerning this	s matter to the followin	g:
Carter	· Kuh				
			(Name of Person)		
Sewar	rd & F	Kissel L l	_P		
			(Firm/Company)		_
One B	latter	y Park F	Plaza, 24th Floor		
			(Address)	_	_
New Y	ork,	New Yo	rk 10004		
			(City/State and Zip Co	de)	_
For furt	ther is	iformatic	on concerning this matter.	please call:	
Carter	Kuh			212 at (574-1653
		(Na	me of Person)	(Area Code &	& Daytime Telephone Number)
	Reg Div P.C	ision o Box 6	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is :	i check t	for the following amount	:	
≣\$ 25	Filing	; Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy



SEG. : Sec. 1

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

atenary Carbon GP, LLC
(Name of limited liability company)
elaware
(Jurisdiction of its organization)
0/25/2018
(Date registered with Florida Department of State)
18000009630
(Florida Document Number)
Tective Date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or ore than 90 days after filing.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements is date will not be listed as the document's effective date on the Department of State's records
UR_
(Signature of authorized representative)
Claire Rogan, Authorized Person
(Typed or printed name of signee)

Filing Fee: \$25.00