P12663

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COVER LETTER

	ndment Section sion of Corporations	
SUBJECT:	CATHERINES STORES OF I	FLORIDA, INC. (cross reference name: CATHERINES, INC.)
		(Name of Corporation)
DOCUMEN	NT NUMBER: P1	2663
The enclosed	d withdrawal application an	d fee are submitted for filing.
Please return	all correspondence concerni	ng this matter to the following:
		Gentine Meagher
		(Name of Person)
	E	Ernst & Young, LLP
		(Firm/Company)
	1401 McKinn	ey Street, Suite 2400
		(Address)
		Houston, TX 77010
		(City/State and Zip code)
For further in	nformation concerning this m	atter, please call:
	Gentine Meagher	at (<u>713</u>)750 - 1274
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	check for the amount:	
Д \$35 Filinį	g Fee	& 🗆 \$43.75 Filing Fee & 🗆 \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)
Amer Divis P.O.	ng Address: Indiment Section It ion of Corporations Box 6327 hassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

CATHERINES STORES OF FLORIDA, INC. (cross reference name: CATHERINES, INC.)

(Name of Corporation)	
P12663 (Document Number of Corporation (if kn	own)
DELAWARE (Incorporated Under Laws of and date authorized to transact bus	iness/conduct its affairs)
This corporation is no longer transacting business or conducting affairs voluntarily surrenders its authority to transact business or conduct affair	
This corporation revokes the authority of its registered agent in Flor appoints the Department of State as its agent for service of process base time it was authorized to transact business or conduct affairs in Florida.	d on a cause of action arising during the
The following is a current mailing address for the corporation:	
606 POST ROAD E #624	
(Mailing Address)	
WESTPORT, CT 06880	
(City/ State /Zip)	::3
The corporation agrees to notify the Department of State in the future o	f any change in its mailing address.
4/1/	11/9/2023
(Sign are of a deposit, president or other officer - if in the hands of a receiver or other court appointed tiduciary, by that fiduciary)	(Date)
Gilbert Nathan	Authorized Signatory
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35