

A16000000677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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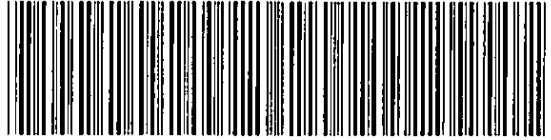
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
MASSACHUSETTS  
FLORIDA

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M. SOLOMON

JUL 26 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CATHERINE ANNE LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A16000000677

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

K. MAC BRACEWELL, JR.  
Contact Person

ROGERS TOWERS, P.A.  
Firm/Company

1301 RIVERPLACE BLVD., SUITE 1500  
Address

JACKSONVILLE, FLORIDA 32207  
City, State and Zip Code

MBRACEWELL@RTLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. MAC BRACEWELL, JR. at (904) 346-5794  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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