

L05000040015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

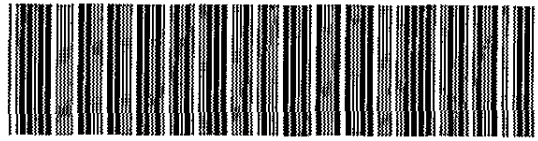
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300081380563

11/07/06--01024--019 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
RECEIVED  
06 NOV - 6 PM 1:38 NOV - 6 PM 12:53  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV - 7 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Castor Homes Construction Group LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean Romel Semexant  
(Name of Person)

Castor Homes Construction Group LLC  
(Firm/Company)

14744 Laguna Beach Circle  
(Address)

Orlando FL 32824  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jean Romel Semexant at ( 407 ) 825 9501  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee &  
Certified Copy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV - 6 PM 1:32



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

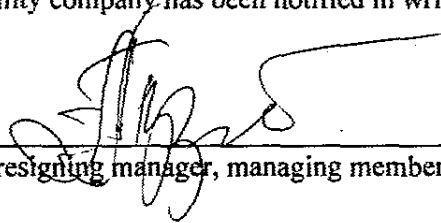
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Andrei Pouzanov, hereby resign as Managing Member  
(Title)

of Castor Homes Construction Group LLC,  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,

and affirm that the limited liability company has been notified in writing of the resignation.

  
\_\_\_\_\_  
(Signature of resigning manager, managing member or member)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV - 6 PM 1:32

**FILING FEE IS \$25.00**

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