

LI3000176665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

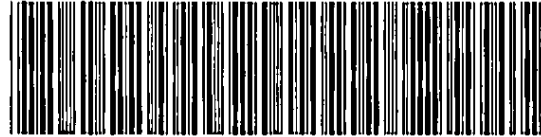
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 27 2018
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1089 CASTEL PINES LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000176665

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OCTAVIO CARDOSO
Name of Person

NOTLYA HOLDINGS CORPORATION
Name of Firm/Company

21301 POWERLINE RD SUITE 207
Address

BOCA RATON, FL 33433
City/State and Zip Code

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

For further information concerning this matter, please call:

OCTAVIO CARDOSO at (561) 488-8048
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NOTLYA HOLDINGS CORPORATION

, hereby resigns as

Name of Registered Agent

Registered Agent for **1089 CASTEL PINES LLC**

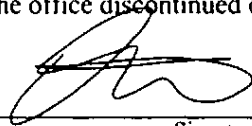
Name of Limited Liability Company

L13000176665

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

OCTAVIO CARDOSO

Typed or Printed Name

Treasurer

Capacity

18 OCT 16 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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