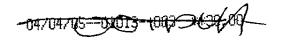
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(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	tified Copies Certificates of Status					
Special Instructions to	Filing Officer:					
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T. Brumbley APR & 2005

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CASTLE PROPERTY, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER:
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:
PETCH IC. JMITH (Name of Person) (Name of Firm/Company) [Description of Firm/Company) [Address] [Address] [Address] [Address] [Address]
(Name of Firm/Company)
106 1st LANE (Address)
PACM BCACH GAKOGNUT PL 33418 (City/State and Zip Code)
For further information concerning this matter, please call:
PETAL K. JM 19th at (561) 797 7966 (Name of Person) (Area Code & Daytime Telephone Number)
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 6	08.509, Fiorida Sta	itules, the undersigi	nea,		
	JM 1 TH Name of Registered Agent)		, hereby resigns a	as		
Registered Agent for	CASTLE PRO	PERTIES,	LLC			
	(Name of Limited Lie	ability Company)				
<u>L0100000</u> (Document Number						
A copy of this resignation	was mailed to the above li	sted limited liabilit	y company at its la	ıst known addı	ress.	
The agency is terminated a	///	I on the 31st day at	ter the date on which	ch this stateme	ent is fill 05 APR -1.	
If signing on behalf of an e	entity:			स् इ	<u>}</u>	FILED
_		Printed Name)		. IL RIDA	三 三 三 三 二 三 二 二 二 二 二 二 二 二 二 二 二 二 二 二	0
	(Cap	acity)		-		

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