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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(В	usiness Entity Name)	
<u> </u>	ocument Number)	
η	ocument Numbery	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
Resign		
7	Office Head Only	



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FILED

06 OCT -4 PH 2: 35

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MEDITERRANEAN CASTONE, L. (Name of Limited	L.C. Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing Me	ember or Manager and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
RAMIRO ORTEGA	
(Name of Person)	
MEDITERRANEAN CASTONE, L.L.C.	
(Firm/Company)	
5011 N. COOLIDGE AVE	
(Address)	
TAMPA, FLORIDA 33614	
(City/State and Zip Code)	
For further information concerning this matter, pleas	se call:
RAMIRO ORTEGA	(813) 842-3777
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	☐\$55 Filing Fee & Certified Copy
CR2E079 (8/05)	Certified Copy



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

, FRANCIS VEGA	, hereby resign as MGRM
	(Title)
of MEDITERRANEAN CASTONE L.L.C.	
(Limited Liabi	lity Company)
a limited liability company organized under the la	ws of the State of FLORIDA,
and affirm that the limited liability company has b	peen notified in writing of the resignation.
(Signature of resigning manager,	managing member or member) SECRETARY OF TALLAHASSEE. F

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