

L060000068715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

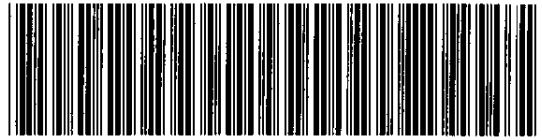
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FILED  
SECRETARY  
DIVISION  
07 NOV - 1 PM 3:55

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ODILIO TRANSPORT SERVICE LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MANUEL O. CASTILLO

(Contact Person)

ODILIO TRANSPORT SERVICE LLC

(Firm/Company)

PO BOX 659

(Address)

ESTERO FL 33928

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL O CASTILLO

(Name of Contact Person)

at ( 239 ) 645-2069

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ODILIO TRANSPORT SERVICE LLC

2. This limited liability company was organized under the laws of:  
FLORIDA STATE

3. The Florida document/registration number of this limited liability company is:  
L06000068715

4. I, MARIE MITTIE CASTILLO, hereby resign as a MANAGER  
(Print Name of Person Resigning) (Print Title)

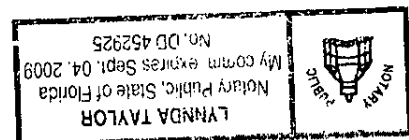
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Marie Mittie Castillo  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

STATE OF Florida  
COUNTY OF Lee  
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED  
BEFORE ME THIS 10-30-07 BY marie mittie Castillo  
WHO IS PERSONALLY KNOWN TO ME OR  
WHO HAS PRODUCED FIDEL AS  
IDENTIFICATION.

CR2E079 (5/06)



07 NOV - 1 PM 3:55  
SECRET  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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FLORIDA STATE

3. The Florida document/registration number of this limited liability company is:  
L06000068715

4. I, MARIE MITTIE CASTILLO, hereby resign as a MANAGER  
(Print Name of Person Resigning) (Print Title)

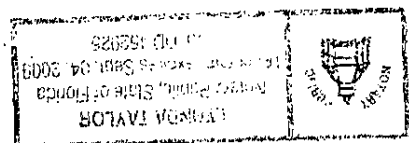
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Marie Mittie Castillo  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

STATE OF Florida  
COUNTY OF Lee  
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED  
BEFORE ME THIS 10-30-07 BY Marie Mittie Castillo  
WHO IS PERSONALLY KNOWN TO ME OR  
WHO HAS PRODUCED FIDC AS  
IDENTIFICATION. [Signature]

CR2E079 (5/06)



SECRET  
DIVISION  
07 NOV - 1 PM 3:55