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EXAMINER



400162579624

11/12/09--01008--014 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kim A. Casto Dil	iability Company)
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Kenneth Bohannon, Et. (Contact Person)	
Kenneth Bohannon, P.C.	
221 W. Causeway, Suite A	
New Smyrna Beach, FL 3216 (City/State and Zip Code)	54
For further information concerning this matter, p	lease call:
Kenneth Bohmon at ((Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company	as it appears on the records of the I	Florida Departm	ent _·
2. This limited liabil	lity company was organi:	zed under the laws of:		
3. The Florida documents of the Florida docume		r of this limited liability company is	::	
	Castco une of Person Resigning)	, hereby resign as a MWW	zincy Membel Prim Title)	_
of this limited liab resignation in writ		the limited liability company has b	een notified of r	ny
Signature of Resig	gning Member, Managing	g Member or Manager	-	
Filing Fee:	\$25.00 (Required)	, C	AON 60	SECRI DIVISION
Certified Copy:	\$30.00 (Nequired) \$30.00 (Optional)		12	TARY OF COM
			54 t: 0t	OF STATE PORATE

CR2E079 (5/06)