L08000108589

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T. HAMPTON

MAR - 3 2009

EXAMINER

COVER LETTER

CR2E079 (5/06)

TO: Registration Section Division of Corporations	
SUBJECT: CASTLE TEAM, LLC (Name of Limited Liab	pility Company)
·	• • •
The enclosed member, managing member or managiling.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
KRISTINE SAVOIE LUCAS	
(Contact Person)	
CASTLE TEAM LLC	
(Firm/Company)	my personal nailing address: 111901 Naples, FL 34108
2036 CASTLE GARDEN LANE	111901
(Address)	111181 1100/06 FZ 34/08
NAPLES, FLORIDA 34110	Neg (es)
(City/State and Zip Code)	
For further information concerning this matter, plea	se call:
KRISTINE SAVOIE LUCAS at (239 , 253-9957
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: √ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee Florida 32301	,



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it appears on the records of the Florida STLE TEAM, LLC	Departi	ment
	lity company was organized under the laws of: ALL LAWFUL BUSINESS.		
3. The Florida document L08000108	ment/registration number of this limited liability company is: 589		
(Print Na	SAVOIE-LUCAS , hereby resign as a MGRM (Print Ti ility company and affirm the limited liability company has been noting. (Print Ti Amou	·	— îmy
Signature of Resignature	ning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	09 MAF	SECRI DIVISION

CR2E079 (5/06)