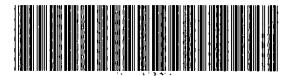
## L08000110355

(Requestor's Name)				
(Ad	ldress)			
(Address)				
(/iu	uress)			
(Cit	ty/State/Zip/Phone	∋ #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
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(Document Number)				
Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



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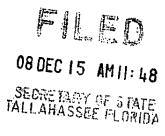
## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A YE TANO (Name of Limited L	de CASTRO CASTYO, LLC
The enclosed member, managing member or mar filing.	nager resignation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:
Carlos Reyes	
(Contact Person)	<del></del>
·	
(Firm/Company)	<del></del>
15615 SW 52 ND CT. (Address)	
Miramar FL- 33027 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
(Name of Contact Person) at (	796 2947944. Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	e Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tellahassas, Florida 32314

Tallahassee, Florida 32301

CR2E079 (5/06)





## 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		
of State is:	CAYETANO de	e CASTRO CAS	steo, IlC.
2. This limited liab	ility company was organized Floriol1	under the laws of:	
_	ment/registration number of	`this limited liability comp	oany is:
4. I,	ns Refes ame of Person Resigning)	, hereby resign as a _	MANAGER.  (Print Title)
of this limited lial resignation in wr	pility company and affirm the	e limited liability company	y has been notified of my
	Ash Most.	,	
Signature of Resi	gning Member, Managing M	lember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Ontional)		