

211000042674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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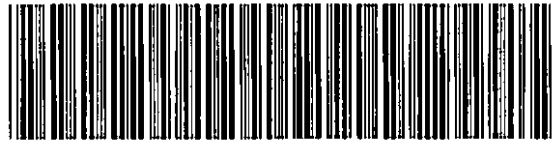
(Business Entity Name)

(Document Number)

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D BRUCE  
AUG 10 2018



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HUGO CASTELLANOS II L.L.C

2. The Florida document/registration number assigned to this limited liability company is: L11000042674

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/26/2018

4. I, HUGO E. CASTELLANOS, II, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Registered Agent

*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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