

LI3000176665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

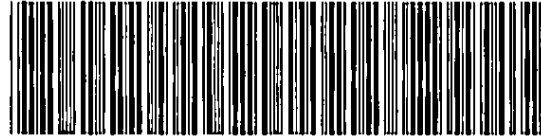
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1089 CASTEL PINES LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L13000176665

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OCTAVIO CARDOSO

Name of Person

NOTLYA HOLDINGS CORPORATION

Name of Firm/Company

21301 POWERLINE RD SUITE 207

Address

BOCA RATON, FL 33433

City/State and Zip Code

CARDOSO@WESTCHESTERINTL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OCTAVIO CARDOSO

at ( 561 ) 488-8048

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**NOTLYA HOLDINGS CORPORATION**

\_\_\_\_\_  
Name of Registered Agent

, hereby resigns as

Registered Agent for **1089 CASTEL PINES LLC**

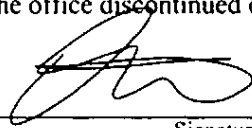
\_\_\_\_\_  
Name of Limited Liability Company

**L13000176665**

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

**OCTAVIO CARDOSO**

\_\_\_\_\_  
Typed or Printed Name

**Treasurer**

\_\_\_\_\_  
Capacity

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**TALLAHASSEE, FLORIDA**

**FILING FEES:**

**\$ 85.00** Active limited liability company  
**\$ 25.00** Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**