

L14000072930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

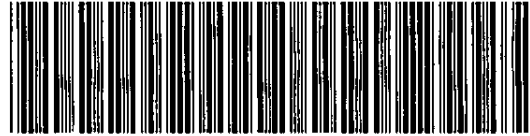
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2015 APR 27 PM 12:47

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@ 5/4/15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CASTELLON TILES LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**MILEDYDIS ACOSTA**

(Contact Person)

**CASTELLON TILES LLC**

(Firm/Company)

**4727 NW 72ND AVENUE**

(Address)

**MIAMI, FLORIDA 33166**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MILEYDIS ACOSTA**

(Name of Contact Person)

**305 436 5630**  
at ( )

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



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DIVISION OF CORPORATIONS  
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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: CASTELLON TILES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000072930

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/21/2015

4. I, DAVID VARELA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

X [Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)