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SECRETARY OF STATE

S Warren APR 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CASTELLAN SECURITIES	LLC			
(Name of Limited Liability Company)				
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to:			
CHAD GATES, ESQ.				
(Contact Person)				
BAND, GATES & DRAMIS				
(Firm/Company)				
2070 RINGLING BLVD				
(Address)				
SARASOTA, FLORIDA 34237				
(City/State and Zip Code)				
For further information concerning this matte	r, please call:			
ERIK J. ARROYO, ESQ.	941 366-8010			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\square			
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	,			

CR2E079 (2/14)



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)

	e limited liability company a		ds of the Florida Department
2. The Florida doc	cument/registration number a	assigned to this limited l	iability company is:
3. The date this m	ember/manager withdrew/re	signed or will withdraw	resign is:
4. I, Elena Jones	3	, hereby withdraw	Vresian es e
	Name of Person Resigning)	, nercey withdraw	riesign as a
MGRM			
	(Print Title)		
of this limited li- resignation in w		he limited liability comp	pany has been notified of my
	? Colle		
Signature of D	vissociating Member or Resignation	gning Manager	TALLER TO
Filing Fee:	\$25.00 (Required)		最2
Certified Copy:	\$30.00 (Optional)		SSA