## 115000146529

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



300295111823

02/15/17--01007--003 \*\*25.00

\*\*PORETARY OF STATE
\*\*\*CAHASSEE, FLORIDA

S Warren

FEB 1 6 2017

## **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: CASAL PROPERTIES LIC (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:
COSPARINO A CASO
(Contact Person)
CASKL PROPERTES, LLC (Firm/Company)
(Firm/Company)
10773 NW 58th STREET, STE 279
(Address)
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
WIS SAUNAS OY
(Name of Contact Person) at (786) 4436924  (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_{\text{\$\frac{1}{2}}}\$\$\$ \$\$ \$\$ \$\$ \$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 lin	mited liability	y company as it a	appears on t	the records of	f the Flor	ida De	partment
of State is:	LASAL	PROPE	enes	, Lic			······································
2. The Florida docum	ıent/registrati	on number assig	ned to this	limited liabili	ity comp	any is:	
L150001	16529						
3. The date this mem				vithdraw/resig	gn is: <u>O</u>	1/30	1/2017
4. I, WIS Man							
MGRM (P)	/ De CC rint Title)	CTOR.					
of this limited liabil resignation in writin	ity company	and affirm the li	mited liabil	ity company	has been	notifi	ed of my
Signature of Disse	oclating Men	nber or Resignin	g Manager	<del></del>			
Filing Fee: Certified Copy:					CHARLIAN OF	200 m	
CR2F079 (2/14)					EL OF	A =:	U