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· COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	
(Name of Limited I	Liability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Norma B. Castlen	
(Contact Person)	
Castlen Management, LLC	
(Firm/Company)	
25515 NW 62nd Avenue	
(Address)	
High Springs, FL 32643	
(City/State and Zip Code)	SECR P
For further information concerning this matter, p	lease call:
Norma B. Castlen	(Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

MAILING ADDRESS:

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



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	s it appears on the records of the	Florida Department
of State is:	stlen Management, LLC		
2. The Florida doct		essigned to this limited liability co	ompany is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is	12/15/2016
4. I, Charles R. Castlen , hereby withdraw/resign as a (Print Name of Person Resigning)			s a
(Print N	lame of Person Resigning)		
Authorized M	lember		
	(Print Title)		
of this limited lia resignation in wr		he limited liability company has	been notified of my
Signature of D	issociating Member or Resig	gning Manager	PH STA
Filing Fee:	\$25.00 (Required)		€ H 38
Certified Copy:	\$30.00 (Optional)		ŕ