L18000234076

(Requestor's Name)	_	
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone		
(City/State/Zip/Frion	e #)	
	—	
PICK-UP WAIT	MAIL	
(Business Entity Nar		
(Business Entity Mar	ne)	
(Document Number)		
O. W. LO.		
Certified Copies Certificates of Status		
Considerations to Siling Officer		
Special Instructions to Filing Officer:		
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Office Use Only



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2020 AT 15 AH H: 20

C. GOLDEN

APR 1 7 2020

COVER LETTER

2020 557 26 54 2:00

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

_	stration Section sion of Corporations		
SUBJECT:	VINMAR CASTLE HILLS GO	LDEN AGE HOME,	LLC
	(Name of	Limited Liability Co.	mpany)
The enclosed	d member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return	all correspondence concern	ning this matter to:	
VINCENT C.	WILLIAMS		
	(Contact Person)		_
VINMAR CAS	STLE HILLS GOLDEN AGE HO	OME, LLC	
	(Firm/Company)	-	_
11033 GLEN	WOOD DRIVE		
	(Address)		_
CORAL SPR	INGS, FLORIDA 33065		
	(City/State and Zip Code)		
For further in	nformation concerning this r	matter, please call:	
VINCENT C.	WILLIAMS	754 at (702-3502
(N	fame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payal g Fee		Department of State for: g Fee & Certified Copy
	ng Address:		Street Address:
_	stration Section sion of Corporations		Registration Section Division of Corporations
	Box 6327		The Centre of Tallahassee

Tallahassee, FL 32314



March 19, 2020

VINCENT C. WILLIAMS 11033 GLENWOOD DRIVE CORAL SPRINGS, FL 33065

SUBJECT: VINMAR CASTLE HILLS GOLDEN AGE HOME, LLC

Ref. Number: L18000234076

We have received your document for VINMAR CASTLE HILLS GOLDEN AGE HOME, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00006019

Claretha Golden Regulatory Specialist II

www.sunbiz.org

2000 15 AHII: 20



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)

	limited liability company as it appears on the records of the Florida Departmen MAR CASTLE HILLS GOLDEN AGE HOME, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L18000234076	
3. The date this me	January 01, 2019 mber/manager withdrew/resigned or will withdraw/resign is:
DENIECE WIL	LIAMS- MCDOWELL hereby withdraw/resign as a
(Print)	, hereby withdraw/resign as a lame of Person Resigning)
MEMBER	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
100	
Signature of D	issociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Conv.	\$30.00 (Ontional)