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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CAStelli Referra (Name of Limited I	Company, LLC
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Rabbie Wh. twork (Contact Person)	
Castelli (Firm/Company)	
2227 Wilton Dr (Address)	
Wilton Manors, FL 3330 (City/State and Zip Code)	05
For further information concerning this matter, pl	ease call:
23bbie Whitnere at (Name of Contact Person) (	954 ) 563-9889 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the S25 Filing Fee Arrected	Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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	of the Florida Department
of State is: <u>Ce</u>	istelli Referral (o	mpany, CLC	
2. The Florida docu	ament/registration number assig	gned to this limited liab	ility company is:
L20000	327031	·	
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/res	sign is: _ 9/22/202/
	Grotty Jame of Person Resigning)		
_VP_	(Print Title)		<i>"</i> " " " " " " " " " " " " " " " " " " "
of this limited lia resignation in wr	bility company and affirm the l	imited liability compan	y has been notified of my
	issociating Member or Resignin		FH 2: 31
Filipy Fee: Certified Copy:	\$25.00 (Required) <b>– Pຄ</b> ີດ \$30.00 (Optional)	d See Attached	<i>-</i>