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SECRETARY OF STATE

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CASTERLY ROCK CO	RPORATE HOUSING LLC.
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
SEAN GROVE (Contact Person)	
(Firm/Company)	<del></del>
13453 FORDWELL DRIVE (Address)	
ORUANDO, FL 32828 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
SEAN GROVE at (Name of Contact Person)	(407) 963 - 6694 (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
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



### FILED

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SECRETARY OF STATE TALLAHASSEE, FL

#### 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 liabili	ty company	as it appears on the	ne records of th	ne Florida Department
of State is:	ASTERLY	ROCK	CORPORATE	HousiNa	LIC.
2. The Florida doc	ument/registra	tion numbe	r assigned to this l	imited liability	company is:
L2100	027963	6	·		
3. The date this me	ember/manager	withdrew/	resigned or will w	ithdraw/resign	is: 9/29/2021
4. 1, SER (Print N	N GROVE Name of Person Re		, hereby w	rithdraw/resign	as a
	Print Title)				
of this limited lia resignation in wr		and affirm	n the limited liabili	ty company ha	s been notified of my
Signature of D	issociating Me	mber or Re	signing Manager		
Filing Fee:	·				
Certified Conv	S30.00 (Or	monal)			