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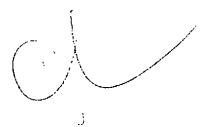
Office Use Only



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COVER LETTER

SUBJECT: Castro Rose LLC			
Name of Limited Liability	Сотрапу		
DOCUMENT NUMBER: L21000301641			
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are	submitt	.ed
Please return all correspondence concerning this matter to the	ne following:		
United States Corporation Agents, Inc.			
Name of Person	•		
Legalzoom.com, Inc.			
Name of Firm/Company			
9900 Spectrum Dr.			
Address	•		
Austin, TX 78717		2022	
City/State and Zip Code		Sil	•
raresignations@legalzoom.com		6	1 - 44-
E-mail address: (to be used for future annual report notification)	,	=	្រុប
For further information concerning this matter, please call:		بې	
at (773-0888	ᅮ	
Name of Person Area Code	Daytime Telephone Number		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Sta	atutes, the undersigned,		
United States Corporation Agents, Inc hereby re		hereby resigns as	, hereby resigns as	
		, nervoy resigns as		
Registered Agent for C	astro Rose LLC			
0000000	Name of Limited Liability C	Company	·	
L21000301641				
Document Nu	imber, if known			
A copy of this resignation	on was mailed to the above listed l	imited liability company at its last	known address.	
The agency is terminate	CU	ne 31st day after the date on which	this statement is filed.	
If signing on behalf of a	n entity:		21	
Cheyenne Moseley			91 dss 2202	
	Typed or Printed	Name	d.	
	Asst. Secretary for United States	Corporation Agents, Inc.	0	
	Capacity		#II 9:	
	FILING FEES: \$ 85.00 Active lin \$ 25.00 Administr withdraw	nited liability company atively dissolved/ voluntarily diss n limited liability company	4	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314