L22000101386

(Requestor's Name)		
(Address)		
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(
(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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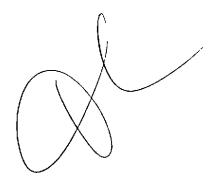
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Casterline Soccer Camps LLC Name of Limited Liability Company	
DOCUMENT NUMBER: L22000101386	
The enclosed Resignation of Registered Agent for a Limited Liability for filing.	Company and fee are submitted
Please return all correspondence concerning this matter to the following	g:
United States Corporation Agents, Inc.	
Name of Person	
Legalzoom.com, Inc.	
Name of Firm/Company	
9900 Spectrum Dr.	202
Address	3 OC
Austin, TX 78717	1023 OCT 31 AM
City/State and Zip Code	and the second second
raresignations@legalzoom.com	AM 9:54 UF STATE SSEE, FL
E-mail address: (to be used for future annual report notification)	7. S. F.
For further information concerning this matter, please call:	

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Name of Person

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.0115. Florida Statutes, the unders	igned,
United States Corporation Agents, Inc. , hereby re		harahy recione ge
		icreoy resigns as
Registered Agent for Ca	asterline Soccer Camps LLC	
	Name of Limited Liability Company	,
L22000101386		
Document Nun	nber, if known	
	n was mailed to the above listed limited liability co and the office discontinued on the 31st day after t	
	Signature of Resigning Agent	SSE TOF
If signing on behalf of an	entity:	9: 54 9: 54
	Cheyenne Moseley	
-	Typed or Printed Name	
	Asst. Secretary for United States Corporation Agen	its, Inc.
•	Capacity	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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