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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CASTILLO LLC	
(Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Jorge Enrique Romero Martinez	
(Contact Person)	-
Castillo LLC	
(Firm/Company)	-
1221 Brickell Ave, Suite 2520	
(Address)	-
Miami, FL 33131	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Lisandra Cassola, Esq. 305	468-6025
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D ■ \$25 Filing Fee □ \$55 Filing	epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



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 the Florid	da Department
of State is:	STILLO LLC		·
2. The Florida doc	ument/registration number a	ssigned to this limited liability compa	ny is:
M1200000315	50		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	31-2017
JOSE LUIS (GONZALEZ NARRO	. hereby withdraw/resign as a	
(Print N	lame of Person Resigning)	hereby withdraw/resign as a	<u>></u>
MANAGER			ώ —
	(Print Title)		64
resignation in wr	itina	e limited liability company has been i	notified of my
Signature of D	issociating Member or Resig	ning Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		