

N16 000000 2352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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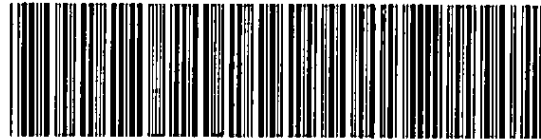
(Business Entity Name)

(Document Number)

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Y. SULKER  
NOV 23 2021

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Castle Residential Services, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** N16000002352

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Raymond

(Name of Person)

(Name of Firm/Company)

2415 N. Lakeside Drive.

(Address)

Lake Worth Beach, FL 33460

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Raymond

(Name of Person)

at ( 561 )

846-2290

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**


Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Anthony Caruso, hereby resign as Director  
(Title)

of Castle Residential Services, Inc.  
(Name of Corporation)

NI6000002352, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**FILED**  
2021 NOV -5 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314