# N19000011680

(Requestor's Name)  (Address)	600420927386
(City/State/Zip/Phone #)	12/27/2301031016 *+85.00
(Business Entity Name)	U4.121.15461957691 (**97.55
(Document Number)  Certified Copies Certificates of Status	2024 HAR SEORED
Special Instructions to Filing Officer  To 50.50 had 2.50  Lead \$35.00 for 0/0 may	25 AMO
Office Use Only	Ra Rosianstian

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### COVER LETTER

Registration Section Division of Corporations Castalina Commercial Property Owners Association, Inc. SUBJECT:\_\_\_ Name of Limited Liability Company DOCUMENT NUMBER:\_N19000011680 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michelle Sutherlan Name of Person GF Business Services, Inc. Name of Firm/Company 2511 Vasco St Suite Address Punta Gorda, FL 33950

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

City/State and Zip Code

For further information concerning this matter, please call:

Name of Person

E-mail address: (to be used for future annual report notification)

#### Street Address:

Area Code Daytime Telephone Number

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

gfbs94@gmail.com

Michelle Sutherland

TO:



February 1, 2024

MICHELLE SUTHERLAN GF BUSINESS SERVICES, INC. 2511 VASCO ST, SUITE 114 PUNTA GORDA, FL 33950

SUBJECT: CASTALINA COMMERCIAL PROPERTY OWNERS ASSOCIATION,

INC.

Ref. Number: N19000011680

We have received your document for CASTALINA COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We will need an additional \$37.50 to file the registered agent resignation and to file the Officer/Director Resignation form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 524A00002258

Diane Cushing Operations Manager A

W.S.

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 605.0115, Florida Statutes, the undersigned.	
GF Business Services, Inc	, hereby res	igns as
Name o	f Registered Agent	6.1-
Registered Agent for Castalina C	Commercial Property Owners Association, Inc	
	Name of Limited Liability Company	
N19000011680		
Document Number, if I	known	
	nailed to the above listed limited liability company at	
The agency is terminated and th	e office discontinued on the 31st day after the date on	which this statement is filed
If signing on behalf of an entity	Signature of Resigning Agent	2024 HAR SECRETA
ir signing on octain or an entity	•	25 7
	Typed or Printed Name	WH 10: 28
	Capacity	rr; ထ

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 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