## P08000002811

•		
, (Re	equestor's Name)	
(Ad	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: CASTLERON & CO., INC		
(Name of Corporation)	•	
DOCUMENT NUMBER: P08000002811	-	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili	ng	
Please return all correspondence concerning this matter to the following:		
STEPHEN R RONEN		
(Name of Person)		
CASTLERON & CO., INC.		
(Name of Firm/Company)		
11791 SE US HWY 441		
(Address)		
BELLEVIEW, FLORIDA 34420		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
STEPHEN R RONEN 352 307-0015		
STEPHEN R RONEN at ( 352 ) 307-0015 (Area Code & Daytime Telephone Number	•)	
Enclosed is a check for \$35.00 made payable to the Florida Department of State.		
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

\* A + + \* 5

STEPHANIE WOLFE	, hereby resign as DIRECTOR
-27	(Title)
of CASTLERON & CO., INC.	
(Nan	ne of Corporation)
P08000002811 (Document Number, if known)	, a corporation organized under the laws of the Saleof
FLORIDA	HASSEE, F
	STATE 38
	(Signature of resigning officer/director)

## FILING FEE IS \$35.00

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

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