

P10000036039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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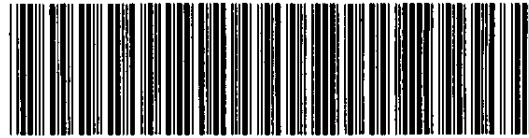
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CASTELLON DEL SOL CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P10000036039

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

Please return all correspondence concerning this matter to the following:

JULIO M. DEL SOL GARCIA
(Name of Person)

CASTELLON DEL SOL CORPORATION
(Name of Firm/Company)

5597 WENDY LN
(Address)

NAPLES FL 34112
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIO M. DEL SOL GARCIA at (239) 692-9625
(Name of Person) (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

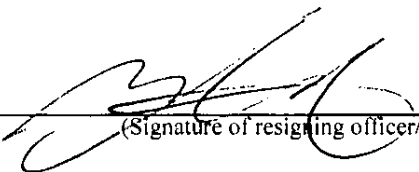
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MIGUEL A. CASTELLON, hereby resign as PRESIDENT
(Title)

of CASTELLON DEL SOL CORPORATION
(Name of Corporation)

P10000036039, 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

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

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

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