

P96000053459

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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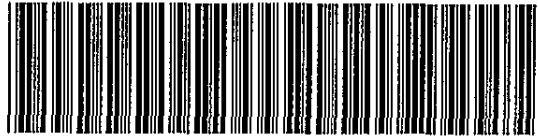
(Business Entity Name)

(Document Number)

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P96000053459
6-20-03 RAS
380 MW

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CASTRO'S DEVELOPMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: p 96000053459

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

S.M. KAYNE, Attorney
(Name of Person)

LAW OFFICE STEPHAN KAYNE
(Name of Firm/Company)

4850 N. 33 Ct.
(Address)

Hollywood, FL 33021-2319
(City/State and Zip Code)

For further information concerning this matter, please call:

S.M. KAYNE at (954) 981-1943
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, HECTOR V. MIRANDA a/k/a HECTOR MIRANDA
(Name of Registered Agent)
hereby resigns as Registered Agent for CASTRO'S DEVELOPMENT, INC.
(Name of Corporation)

P96000053459
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Hector V. Miranda
(Signature of Resigning Agent)
AKA Hector M. Roca Hector Miranda
If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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