

L23000155272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

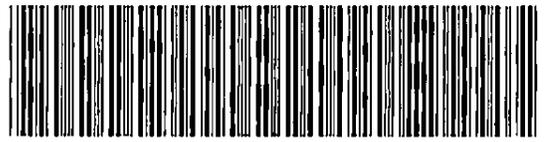
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/14/23--01016--007 \*\*25.00

REGISTRATION

*MM*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CASTLEROCK SHCP I, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Diaz  
Name of Person  
CASTLEROCK HOLD CO, LLC  
Firm/Company  
3225 S. MacDill Ave #129-249  
Address  
Tampa, FL 33629  
City/State and Zip Code  
cdiazl@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

11/15/01

For further information concerning this matter, please call:

Chris Diaz at ( 727 ) 460-0578  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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



**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>             | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|-------------------------|------------------------------|--|
| MGR          | CASTLEROCK HOLD CO. LLC | 3225 S. MacDill Ave #129-249 | <input checked="" type="checkbox"/> Add    |
|              |                         | Tampa, FL 33629              | <input type="checkbox"/> Remove            |
|              |                         |                              | <input type="checkbox"/> Change            |
| MGR          | Christopher Diaz        | 4000 W San Pedro St          | <input type="checkbox"/> Add               |
|              |                         | Tampa, FL 33629              | <input checked="" type="checkbox"/> Remove |
|              |                         |                              | <input type="checkbox"/> Change            |
| MGR          | Toni Diaz               | 4000 W San Pedro Street      | <input type="checkbox"/> Add               |
|              |                         | Tampa, FL 33629              | <input checked="" type="checkbox"/> Remove |
|              |                         |                              | <input type="checkbox"/> Change            |
|              |                         |                              | <input type="checkbox"/> Add               |
|              |                         |                              | <input type="checkbox"/> Remove            |
|              |                         |                              | <input type="checkbox"/> Change            |
|              |                         |                              | <input type="checkbox"/> Add               |
|              |                         |                              | <input type="checkbox"/> Remove            |
|              |                         |                              | <input type="checkbox"/> Change            |
|              |                         |                              | <input type="checkbox"/> Add               |
|              |                         |                              | <input type="checkbox"/> Remove            |
|              |                         |                              | <input type="checkbox"/> Change            |

