

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007689

**Entity Name:** CASTLEROCK NORTH AMERICAN, LLC

**Current Principal Place of Business:**

9652 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

9652 SAVONA WINDS DRIVE  
DELRAY BEACH, FL 33446 US

**FEI Number:** 45-3618798

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RONALD L. SIEGEL, P.A.  
2255 GLADES ROAD  
SUITE 340W  
BOCA RATON, FL 33431 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGMR  
Name ELMUDESI, MICHAEL E  
Address 9652 SAVONA WINDS DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title MGMR  
Name ELMUDESI, ABBY D  
Address 9652 SAVONA WINDS DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

Title MGMR  
Name ELMUDESI, FRANK  
Address 2625 NW 64TH BLVD.  
City-State-Zip: BOCA RATON FL 33496

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL ELMUDESI

MGMR

04/05/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date