

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000007689

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

**Current Principal Place of Business:**

19864 OLD BRIDGEWOOD TRL  
BOCA RATON , FL 33498

**Current Mailing Address:**

19864 OLD BRIDGEWOOD TRL  
BOCA RATON , FL 33498 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 ELMUDES, MICHAEL E  
Address 9652 SAVONA WINDS DRIVE  
City-State-Zip: DELRAY BEACH FL 33446

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

Title MGMR  
Name ELMUDES, 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 ELMUDES

MGR

04/30/2021

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

\_\_\_\_\_  
Date