

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000111154

**Entity Name:** CASTLE ROCK PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

385 KINGS HWY  
PORT CHARLOTTE, FL 33983

**Current Mailing Address:**

PO BOX 591  
RHINELANDER, WI 54501 US

**FEI Number: 46-2505948**

**Certificate of Status Desired: No**

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

GRABINSKI, MATTHEW LESQ.  
4001 TAMIAMI TRAIL N  
SUITE 300  
NAPLES, FL 34103 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	MGR	Title	MGR
Name	CONNORS, PAT	Name	CLARK, JOSHUA
Address	104 WEST STATE ST	Address	PO BOX 591
City-State-Zip:	MAUSTON WI 53948	City-State-Zip:	RHINELANDER WI 54501

*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: JOSHUA CLARK**

**MGR**

**03/23/2023**

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

\_\_\_\_\_  
Date