

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000142255

**Entity Name:** CASTLETON OFFICE CENTER LLC

**Current Principal Place of Business:**

2 NORTH MAIN STREET  
CASTLETON ON HUDSON, NY 12033

**Current Mailing Address:**

1250 CONNECTICUT AVE NW  
C/O KLEIN LAW GROUP, PLLC SUITE 200  
WASHINGTON, DC 20036 US

**FEI Number:** 46-1627982

**Certificate of Status Desired:** No

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

KLEIN, ANDREW M  
6810 NORTH STATE ROAD 7  
SUITE 200  
COCONUT CREEK, FL 33073 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 MGRM  
Name KLEIN, ANDREW M  
Address 1250 CONNECTICUT AVE NW  
SUITE 200  
City-State-Zip: WASHINGTON DC 20036

*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:** ANDREW KLEIN

**MANAGING MEMBER**

**03/19/2015**

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

\_\_\_\_\_  
Date