

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000139477

**Entity Name:** ASH-CASTLE II, LLC

**Current Principal Place of Business:**

10245 CENTURION PKWY N,  
STE 106  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10245 CENTURION PKWY N,  
STE 106  
JACKSONVILLE, FL 32256 US

**FEI Number:** 46-3917599

**Certificate of Status Desired:** No

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

ASH, MICHELLE L  
10245 CENTURION PKWY N,  
STE 106  
JACKSONVILLE, FL 32256 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:** MICHELLE L ASH

03/17/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CASTLE, JONATHAN N  
Address 10245 CENTURION PKWY N,  
STE 106  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name ASH, MICHELLE  
Address 10245 CENTURION PKWY N,  
STE 106  
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM  
Name JONATHAN N CASTLE REV LIV TRST  
DTD 9/17/09  
Address 10245 CENTURION PKWY N,  
STE 106  
City-State-Zip: JACKSONVILLE FL 32256

Title MGRM  
Name MICHELLE L ASH REV LIV TRST DTD  
9/17/09  
Address 10245 CENTURION PKWY N,  
STE 106  
City-State-Zip: JACKSONVILLE FL 32256

*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:** MICHELLE L ASH

MEMBER

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date